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1 - STATE REGISTRAR

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filled in by the funeral direct ould be filed within 72 hours

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and conshould be detached for use as the building remail. Then please remays corbon papers. Pages J. with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item, 8 shows pay injury, or other troumatic event, the medical.

executed within 24 hours

(TENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	5	0	O	n	7	1
3	-	O	7	V		1

П	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	DECEASED NAME FIRST	-	MIDDLE	l	AST		MONTH	DAY YEAR	26 HOUR
-{	TYPE OR PRINT) Frieda		E.	Wa	ahl	March	25.	1985	8:00A M
3.	SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	e	June	0	84	YRS.	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B		9 BALTIMORE CITY O		Y OF DEATH	
L	COUNTRY) DC	II - S	5.A.	WIDOWE	D NEVER MARRIED 1	Montgomery	7		MD.
10	CITY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	NC		OF BUSINESS OR
1	Chevy Chase		Ret. Ctr			Treasury			Gov't.
	SUAL RESIDENCE (IF NURSING HOME OF 13b. COU	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Chevy Cl	N	138 INSIDE CITY LIMITS?	13e STREET ADDRESS / 8700 Jones			20815
14	FATHER'S NAME				15. MOTHER'S MAIDEN NA				
	John	MIDDLE	Wah1		Bertha	M.A.		Kroeg	
16	WAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	SS	2081	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	263-76-5	309	Richard A.	Kremb 5926 1	Kirbe		
F	18 CAUSE OF DEATH Enter of	nly one couse per	line for (a), (b), and	dic.i					MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0)			iratory fai	lure		48	
	IMMEDIA		R AS A CONSEQUE	NICE OF					
1	Conditions, if any, which	(th)	general		arterioso	lerosis		25	yrs
1	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
Н	underlying cause last.	(c)							
١,	PART 2. OTHER SIGNIFICANT			EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIV	VEN IN PART I	0
4 3	se:		ementia				Tani a wa		
100	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES []	NGS USED S OF DEATH? NO
1 8	210. ACCIDENT WAS UNDERLYING	1100110 1	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN STEM 18	PART I OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DE	AIR		19					
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE			21f LOCATION	CITY OR TO	WN	COUNTY	STATE
F	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC. J	JINEE				
L	220 Certify that (I) This hosp	Mal) attended th	e deceased from	Nov		, 10	rch		
П	sow the deceased alive to above, (1) (we) (did no	ot) view the body	ch 198		nd that in (my) (our) opinion	death occurred on the do	te and hou	ur and from the	couses stated
	22b. SIGNATURE	11/1/10	11119		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	3/2	SIGNED
	22d. PHYŞICIAN S NAME JIM	CHEPHINE)	T.		22e ADDRESS				
	John M. W.	yman, 1	1.D.		7801 Norfo	lk Ave.,	Beth	esda.	Md.
23	30. BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
1	Burial	3/27/8	R	ock (reek Cem.	Washingt	on, I	C	

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TO HOSPITAL

retained by the hasaital or ottending physician.

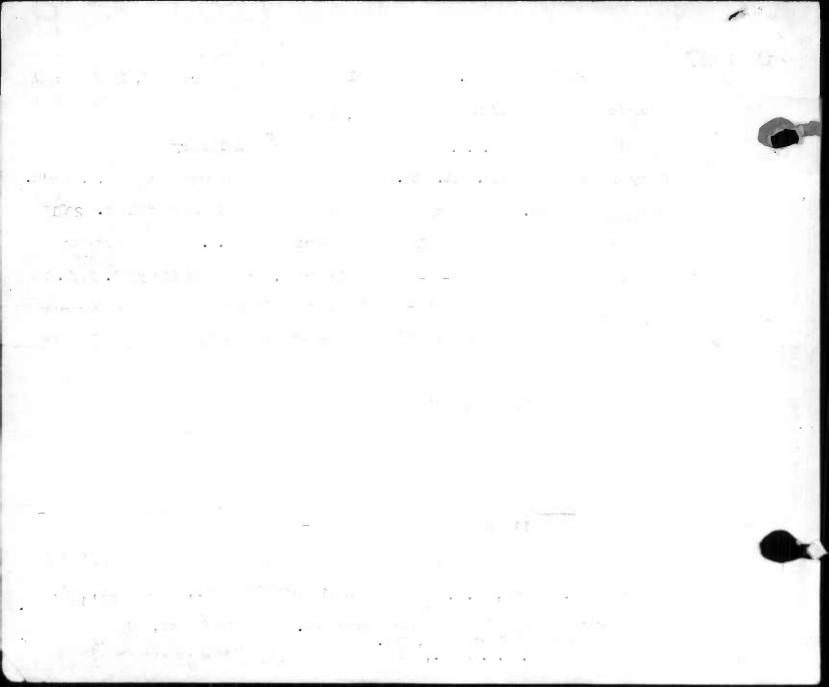
DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.
NAME 5130 WI Ave. N.W. Wash DDRESS DC

Washington, DC

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SYCHATURE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours at	retained by the hospital or attending physician.
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12	STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									9 0	7 8
6		CEASED NAME OR PRINT)	FIRST		MIDDLE		WALXH	20. DATE OF DEATH MO	NTH DAY	YEAR 85	26. HOUR 9:56 M
do se		ALE		4 RACE CAUCAS	IAN	S. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRTHD)	MONTHS	DER I YEAR	IF UNDER 24 HRS. HOURS MIN,
057 PM	N	RTHPLACE (STATE OR F COUNTRY) EW YORK		U.S.A.	WHAT COUNTRY?	WIDOW		9. BALTIMORE CITY OR COMONTGOMERY			MD
1	R	OCKVILLE		SHADY	CROVE F	DVE/	UTIST HUSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO MERCHANT SE	ORKING LIFE) IN		BUSINESS OR
36	13a. S M	AL RESIDENCE (# NURS STATE ARYLAND	136 COUN		ROCKVILI	N	13d Inside City Limits? Yes \(NO \(\text{\vec{\vec{\vec{\vec{\vec{\vec{\vec{\vec	13. STREET ADDRESS / ZI 90 MONROE S	P CODE T. #702	20	890
150	W	THER'S NAME EIRST ILLIAM JAM			EAST		IS. MOTHER'S MAIDEN NA	SIMPSON		LAST	
/ redco	N N	VAS DECEASED EVER res, no or unknown) O		MED FORCES?	260-09-8		OTHEDRIS L.		90 MONF	MD.	
removal.		PART I. DEATH W	AS CAUSE	lly ane cause per D BY: TE CAUSE (a)	CALUII	10	AMEST			50	NATE INTERVAL NSET AND DEATH
ose remove corr 1, cremation, ar other traumation		Conditions, if any, gave rise to immediate (a), stating underlying couse	nediote ng the	DUE TO, 9	RAS A CONSEQUE	NCE OF	HRANT D			50 14y	eser
Then ple r to burio injury, or	NOI						NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN	PART 110	
Sows only	CERTIFICATION	1% DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		OB. IF YES, WER N CERTIFYING YES [
entol Hyg		210, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	HOUR A.	PFINJURY M. MONTH DA M.	AY YEAR		RED (ENTER NATURE OF INJURY IN	FITEM 18 PART TO	R PART 2}	
th and Marked or	MEDICAL	214 INJURY OCCUR		21a. PLACE LAT HOME, STI	OF INJURY REET, EACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	c	OUNTY	STATE
hed for use ept. of Healt tem 21 is mo		22s I certify that (I) saw the decease above, (I) (We)	ed alive on	5	12 195	÷ Ç	nd that in (pay) (our) opinion	death occurred on the date			
V 0		DO WOOD NO	set.	-	\bigcirc		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		3-1	2.85
should be deto with the State [IMPORTANT: H		JOHL H	t. R	RISKU		LAME - F	50 WI BOM	Unstand Drill	hock of	085	5
_		BURTAL BURTAL	REMOVAL	3-15-8			CEMETERY OR CREMATORY ST ABBY CEMETI	23d LOCATION CITY OF TOWN ERY SAVANAH,	GEORGI	A	STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

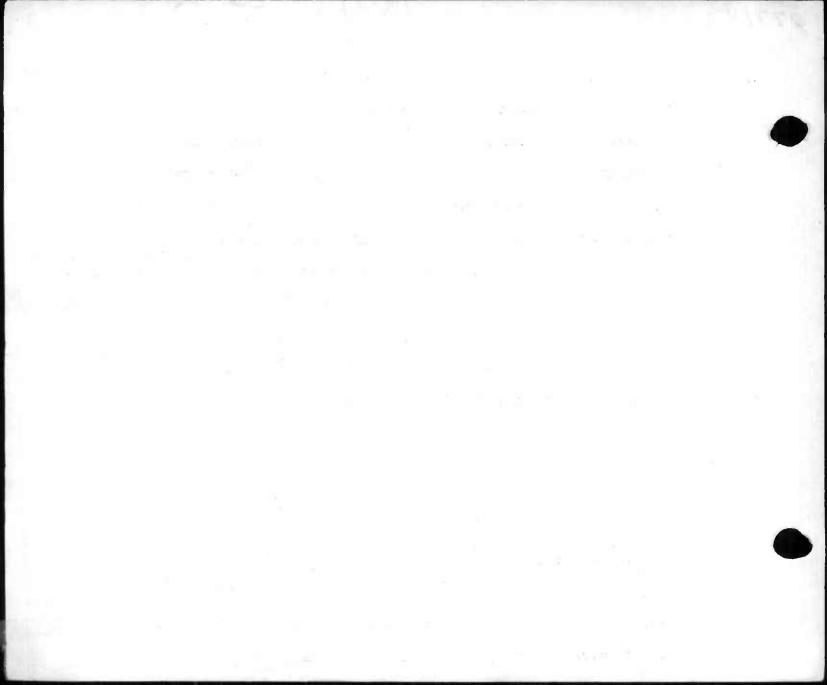
DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

IVES-PEARSON FUNERAL HOMES ARLINGTON, VA.2220 NAK

(VRA 15, 4)

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	1.	FOR	DI	STATE OF A		GIENES	0 9 0	7 9
	1-	STATE REGISTRAR	The second secon	ICAL EXAMINER'S			NO.	
		CEASED NAME FIRST	, , , , , , , , , , , , , , , , , , ,	MIDDLE	LAST	20. DATE KNOWN		EAR Zb. HOUR
004022	(117	Rohe	wy,	HENRY G	1/2/to.	OF ESTI-	Da vol 2:50	87 8 5 M
THE THE SE	3. SE)	RACE	5. DATE OF BIRTH 1	9.05 6. AGE (IN YEARS IF UN	DER 1 YR. IF UNDER 24	4 HRS. 24. DATE WIN. PRONOUNCED	MONTH DAY	YEAR 2d HOUR
SARY, PI SARY, PI SOR IN 72 H		nu	Dac 22	60 79 YRS.	, , , , , , , , , , , , , , , , , , ,	DEAD MA	rich 25,19	MY
OR THE SS	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	MARR		- 111.	7	H
A P S S T		SHINGTON, D.C.	U.S.A.	TAL, NURSING HOME, OR OTH		20 USUAL OCCUPATION (TOGOME	OF BUSINESS
A THE		21/ 000	(IF NOT IN SUCH FACIL		4-0	FOR MOST OF WORKING LIFE) SALESMAN	OR INC	PARTS
DEI SON DEI	USUA	L RESIDENCE AND HOREING HOME	OR OTHER ANSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	1100			1901
AND SHOULD SHOUL	13a. S	ATE 13b. COUN	1 onto	130 CITY OR TOWN	13d. INSIDE CITY LIMITS?	1 183 But	lucheri	BIVI
	14. F/	THER'S NAME	MIDDLE	LAST 00	15. MOTHER'S MAIDEN	NAME	LAST	
E, M		ROBERT	CHERRY	WALTON	VER		CATTER	CTON
BALTIMORE, MD. GNE PATER DEATH. GIVE PAGES 1. WITH FORM PM. PAGES 1. AND 2. INISION OF WITE	16a. V	AS DECEASED EVER IN U.S. AR S, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
ALTIA SS AFT GIVE VITH F PAGES		NO		578-09-4764	MARGARET	A. WALTON	SAME AS 13	
ON ST., BALTIMOI 124 HOURS AFTER 11EM 18. GIVE PAR 11ONG WITH FÖR PERMIT. PAGES 1 GIENE, DIVISION (10.1	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	lly ane cause per line fo DBY:	13. 1 1	1 4.	1	BETWEEN	ONSET AND DEATH
ON STEWN		IMMEDIA	DUE TO, OR AS	S A CONSEQUENCE OF	1 och	S WWW	7	dox
REST THIN IL IN NSIT NOVAL		Canditians, if any, which	6	Co. 15, 700	1 Pku	11 Fracy	Lura 4	-16
W.P ENC AMIN TRA ENTA REM		gave rise to immediate cause (a) stating the <u>under</u>		S A CONSEQUENCE OF		1 1 -0 2		195
301 IN PIN PIN PIN PIN PIN PIN PIN PIN PIN P		lying cause last.	(c) E	zU			4	days
0 200	7	PART 2 OTHER SIGNIFICANT CONDITIONS		T NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	1 (a).		1
LECORI ULD BE E MEDIN EF MEDIN HEALTH HEALTH	CERTIFICATION	19g. DATE OF OPERATION	TIPL CONDITIO	ON FOR WHICH OPERATION W	AS DEDECTRACTO		I20 AUTO	DE VO
HALRE SHOULD RD "PE CHIEF OF HE, AL, CRE	FIC	2-248	5	ub Lucs	1 6	-6- 2	YES	
OF VI	H	210 EXTERNAL CAUSE WAS	216 TIME OF IN		OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM		U NO U
PNOF FICATI THE V TO TH HOULD HOULD		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	=c4 on	-6 R € 6	1.11	
VISIC CERT TING TING 3 S F	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF STREET, FACTOR		CATION	CITY OR TOWN	COUNTY /	STATE
WRII WARD	1	AT WORK AT WORK	1 1 1	me Be	Ivederal	3 14 814 Sp	an ores	Mo
ATE. T		22a I certify that I taak char	ge of the remains descri	bed abave, held an Autap	sy , Inspection	Inquiry 1	and in my apinian	
MININI BE F		death resulted fram: Natu	ral causes , A	ccidem Suicide	, Hamicide .	Undetermined manner],	
CER CER		ACTUAL DE	201	6	TITLE (SPECIFY)		DAM	172 191
DICAL FE THE A SHO NERAL ORE, A		SIGNATURE		The same of the sa	D. Day	MEDICAL EXAMINER	store rel	120 100
10.1	18	EXAMINER'S NAME	TOHN S. ROO	GERS	ADDRESS 1919 S	EMINARY RD	SILVER SPRIM	VG, MD.
TO MI EXECU PAGE TO FU	23a. B	I PRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY O		23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	1	RIDTAI	3/28/85	FT. LINCOLN	CEMETERY	BRENTWOOD.	PRI GEO	MD.
DHMH - 17 (VR A15 ME (5))	24 FI	NERAL DIRECTOR FRANCI	S J. COLLII	VS	250. RATERE	GID. BY REGISTION IS THE	CHIEAR SICH AND	مالالم
15AA 7/77			STIVER ST	PRING MD 20901		- 4		

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and completely filled in by the fur loges 1 and 2 should be filed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The lo

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etained by the hospital or attending physician

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morked or frem 18 shows ony

IMPORTANT: If them 21 is

CERTIFICATION

MEDICAL

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FOR - STATE REGISTRAR

		SIAIL	OF W	AKTI	AND	
DEPA	RTMENT	OF HI	ALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATI	OF	DEATH	
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DEPAR	CERTIFICATE O			REG. NO		-)
ANN	Ward	WARD	20. DATE OF				26 HOUR 830	7

				KLO. ITO.	
1. DECEASED NAME FIRST JT	DITH	A Wa	WARD WARD	20. DATE OF DEATH MONTH	10 100 0 1m
3. SEX	4. RACE	5. DATE O	LYTH, 1939	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
EMALE	WHITE		- 11 39	45 YRS.	
78. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
PENN.	U	SA WIDOWE	4	MIGNIGO	MERY MO
Silver String		HOSPITAL, NURSING HOME O	POSDITAL	120 USUAL OCCUPATION (TYPE OF WORKING MAKER WORKING	12b. KIND OF BUSINESS OR INDUSTRIME
USUAL RESIDENCE (IF NURSING HOME OF 136 MO)	R ÓTHER INSTITUTIÓN	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BRINKLOW	13d. INSIDE CITY LIMITS? YES NO X	3 Brighton Kn	olls Ct. 20862
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST
JOHN F		ENRIGHT	ALLENE	- 0	NEILL
160 WAS DECEASED EVER IN U.S. A. (TO O OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	198-30-2707	J. Emmett Wa	ard Same as #	13
18 CAUSE OF DEATH (Enter o				Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: TF CAUSE (o)	Metastatic c	carcinona	1 lung	2 months
Conditions, if ony, which		R AS A CONSEQUENCE OF		0	
gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUENCE OF			

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

		the state of the s					
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUT	OPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
		and the second second	YES 🗌	NOCK	YES 🗌	NO 🗆	
21- ACCIDENT WAS HINDERLYING TO	216 TIME OF INTURY	21, HOW INTERVOCAL	IDDED (- T	DA D	7 70	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK

COUNTY CITY OF TOWN

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 12.0 13. sow the deceased alive an abave (1) live) (did (did not) view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

N. FIGURE	0.0000	DOL DATE CICATED
26. FIGNATURE	DEGREE	224. DATE SIGNED
Therten C Sharel	ATTENDING MEDICAL STAFF	3/13/85
AL BUILDER AND ALAME	102- ADDRESS	

226. PHYSICIAN'S NAME (TYPE OR PRINT)

3720 FALFAGUE air

MARTIN C.	SHARGEL	K	8NS120701	y, ped	2089
BURIAL, CREMATION, REMOVAL		BALT WASH. CREM	23d. LOCATION CITY OR TOWN LAUREL	P. GEORGE	MD.

24 FUNERAL DIRECTOR

FRANCIS H. BARBER LAYTONSVTEEE, MD.

20879

25a. DATE REC'D.

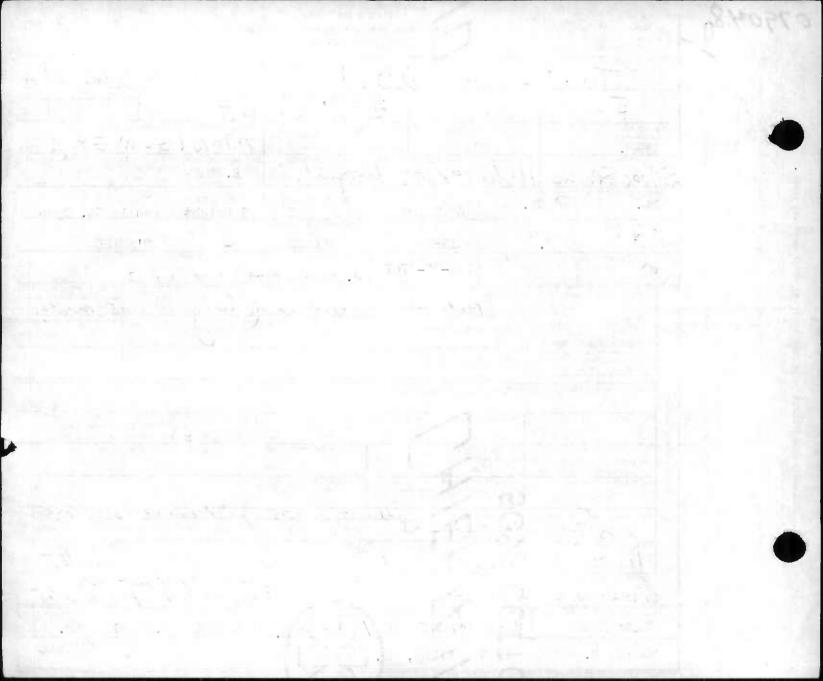
STATE

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DHMH - 16 50M 4/B2

REGISTRAR 25b. REGISTRAR'S SIGNATURE

BP. (VRA 15, 4)



079	045	11-	FOR UNKNOWN #		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL		9	0	8	1
	1		REGISTRAR	M	EDICAL EXAMIN	NER'S CERTIFICATE	REG. IN				
	1		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN S	MONTH	DAY	YEAR	2b HOUR
	S occupied to		GREG	ORY \	IAMES	WATKINS	DEATH MATED	□ 3	8	19 85	
	프로	3. SE	4 RACE	S. DATE OF BIRT	H SEAR LAST BIRTH			MONTH	DAY	YEAR	2d. HOUR
	YOUR FII	1	Inte Black	1-19-	40/2	PAY) MONTHS DAYS HOURS	PRONOUNCED DEAD	3	8	1985	9A M
4	S Z Z L	70. B	RTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	11	9. BALTIMORE CITY				1311 ///
	田南京 1	LA	Shington, DC	//	ISA	MARRIED NEVER MARI		TV CO	untu	,	
•	Z Z S	10, C	TY OR TOWN OF BEATH	II. NAME OF H	OSPITAL NURSING HOM	E. OR OTHER INSTITUTION	120 USUAL OCCUPATION (TY		12b KIN	ND OF BUS	SINESS
	A POPE	I Da	there's	(IE NOT IN SUCH	EACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)		OF	RINDUSTR	tY
	GM NA THE		thesda		sconsin Ave		CARPENTER		OU.	IIdE	5
. 21201	AND	113a S	shing ful Dis Loun		136 CITY OR TOWN	YES NO [130 STREET ADDRESS	AVE	5	ETT	
WD	- C1 C4 - A	14. F.	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAID	DEN NAME MIDDLE			AAST / /	,
m,	DEATH.	1	/AU/ES	4,	MATKIN	IS Delok	es -	.5	MI	th	
BALTIMORE	~ 4 0x		VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRES		1	11.	
Ę	3>-00	1	No =	- AN OK DATES	579-80-4	17/5 JAMES H	H. WatkINS 110	3 MA,	IPPY	1/100	O. J.E.
, i	W. B. G.		18. CAUSE OF DEATH (Enter onl	y ane cause per l	ine lar (o), (b), and (c),)				Al	PPROXIMATE WEEN ONSET	INTERVAL
IST	QTOZY.	1	DADT I DEATH WAS CALLET	BV		d of chest (han	daun)		BETV	WEEN ONSET	AND DEATH
PRESTON ST	WITHIN 24 HON FINCIL IN ITEM 1 MINER ALONG TRANSIT PERMI INTAL HYGIENE, OR REMOVAL.		IMMEDIAI		OR AS A CONSEQUENCE		agair				,
S	WITHIN ENCIL IN AINER A TRANSIT VIAL HY		Conditions, if any, which								
	NA PAR		gove rise to immediate couse (a) stating the under-	(b)	OR AS A CONSEQUENCE	0.5					
201 W.			lying couse lost.	DOE TO, C	JR AS A CONSEQUENCE	OF					
	EXECUTED WING" IN PENICAL EXAMINATION OR WATION, OR			(c)							
RECORDS	W 2 0 7 + 5	N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING 10 DEA	IN BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN P	ART 1-ta				
REG	MEDIO BE AS A SELLE BE A SELLE BE A SELLE A SE	CERTIFICATION	19a. DATE OF OPERATION	19b CON	DITION FOR WHICH OPE	RATION WAS PERFORMED?			20 /	AUTOPSY?	
OF VITAL	SHOULD ORD "PE CHIEF A TO F HEA TO F HEA TO F HEA	5								-	NO 🗆
>	A SEL	ER	21a. EXTERNAL CAUSE WAS	21b. TIME	OF INJURY	Tale HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	PART LORP		YES 🔀	NO [
0	A M L M S L M	100	UNDERLYING KOR	7.00	LM. MONTH DAY YEA	IR :					
ō	ING THE SHOULD TO TO SHOULD TO	MEDICAL	CONTRIBUTING CAUSE OF D		E OF INJURY (ATHOME.	Shot by poli	ce.				
DIVISION	ARITING REDED GE 3 SP TE DEP	ME	NAME OF THE PARTY		ACTORY, FARM, ETC.)	STREET	CITY OR TOWN		OUNTY		STATE
			AT WORK AT WORK	^ s	treet	6800 Wiscons	in Ave., Betheso	la, M	ontg	omery	y, Md.
	14 00 00		220. I certily that I took charg	e of the remains o	described obove, held an	Autopsy X, Inspection	on . Inquiry . o	ind in my o	pinion		
	EXAMINER: CERTIFICATE OULD BE FOR 1. WITH THE S MARYLAND,		death resulted Irams Natur	al couses .	Accident S	vicide . Hamicide X.	Undetermined monner	,			
	ARY ARY		A.	CX	N	TITLE (SPECIFY)					
	A A S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	1 2	VOL	MpAssistan	MEDICAL EXAMINER	DATE	3-1	8-85	
	SER SER		SIGNATURE TO SERVICE T	7/		M.D.	MEDICAL EXAMINER	31014	EU		
	SE S	-	EXAMINER'S NAME Ann	M. Dixo	n. M.D.	ADDRESS 111 Pe	enn St., Balto.	. Md.	. 21:	201	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: ATTER DEATH, WITH THE LACTIMORE, MARYLAND	23a, B	URIAL, CREMATION, REMOVAL 2		23¢ NAME OF CE		123d. LOCATION				
199	444	1	BUDIAL	3-13-	85 HARNI	11 11		2 %	2/2/2	D	2.
250	br4	24 F	UNERAL DIRECTOR					ISTRAR'S	SIGNAT	URE	<u></u>
	DHMH - 17 (VR A15 ME (5))	111	W. Churchane	TNC ADDR	817-11th St.	RE					
	(AK WID WE (D))		VICATIVE CIO		11/11/01	MAF	1 5 1005 1	Touch	. 70	1.63	

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retained by the haspital as otherding physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or fefth 18 kbays on minuty, or other traumatic event, the medical examined must be partitled at other.

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DEP

STATE OF MARYLAND	2	Long	0	0	0	Q	2
ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	O	3	U	1	V	0	6
CERTIFICATE OF DEATH		REG. NO.					

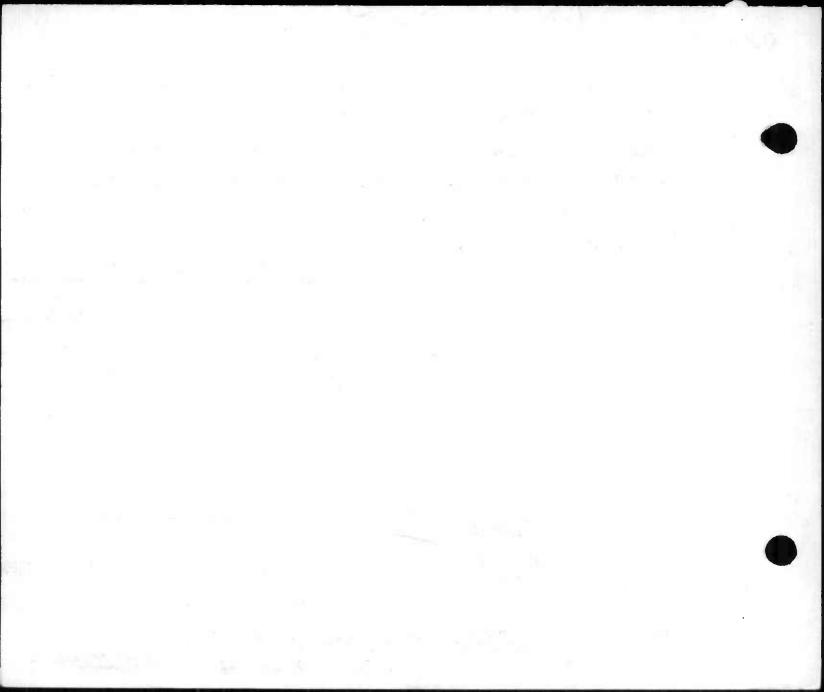
FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH		. NO.	7 0	0 4
1. DECEASED NAME FIRST	MIDDLE	U	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
(TYPE OR PRINT)		WE]	INER	March 27	, 1985		3:25a M
3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male	White	Apri	$1.15^{\circ,1}$ $189^{\circ,1}$	87	YRS		HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
Russia	U.S.A.	WIDOWE	DIVORCED [Montgomer	cy Count	у,	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE)	T ADDRESS)		128 USUAL OCCUP			F BUSINESS OR
Rockville	Hebrew Home of	Great	er Washington	Furrier	(Ret.)	Fur	
13a. STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE		
Maryland Mon	tgomery Potomac		YES XX NO	10204 Col	Lebrook	Avenue	(20854)
14 FATHER'S NAME	MIDDIE LAST		15 MOTHER'S MAIDEN NA	ME	E	IAS	ī
Michel	Weiner	<u> </u>	Pesshia		(U	nknow	n)
160 WAS DECEASED EVER IN U.S.	CINE WAR OR DATES		17 INFORMANT		DREPark,		
NO OR UNKNOWN) (# YES, (080-28-	-8335	Lorraine Bei	tler;200 T	Vinston		
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), or SED BY:	nd (c).1	1	+		BETWEEN	MATE INTERVAL DISET AND DEATH
	SED BY:	DPSM	vatorus av	esi		ime	diale
	DUE TO, OR AS A CONSEQU	JENCE OF				13/	1 0
Conditions, if any, which	(16) SONS13					26	NAZ
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	1)			1. 1.	
underlying couse lost.	32 tzdo (0)	1V2 (Arcipating			UNK	NOWN
	T CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT	NOT RELIATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 10	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
210. ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCUR		INJURY IN ITEM 18 PA	RI OR PART 21	
		DAY YEAR					
[IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	21e PLACE OF INJURY		21f LOCATION	CITY	OR TOWN	COUNTY	STATE
WHILE NOT WHILE D	[AT HOME STREET FACTORY, OFFICE	FARM_ETC 1	STREET		0.0	D	31412
	spitellyattended the deceased from	March	20 1985	_ to Mara	1	975	that (1) (we) last
sow the deceased plive		Car Car	nd that in (my) (our) opinion	death occurred an Th	e date and hour	and from the	couses stated
VIN SIGNATURE	Itea view sic body orier deorii.		DEGREE			22¢ DATE	SIGNED
1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	NUXUU		ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN [Marc	h 27, 1985
THE STANKE (TYPE	PE OR PRINT)		22e ADDRESS				
G. Peter	Pushkas		11510 Old Ge	eorgetown	Road; R	ockvil.	le, Md.
230 BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
Burial	3/28/85 St	naron (Gardens Cemet			lew Yor	
	ANSKY-GOLDBERG M	MORIA	L CHAPELS 250. DAT	E REC'D. BY REGIST	AR 256 REGISTE		
1170 Rockville	Pike; Rockville,	Md. 2	0852 APR	02 1985	Julia Bur	down Man	della

DHMH - 16 50M 4/83

TO HOSPITAL OR

BP.

(VRA 15, 4)



CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1.0000000000000000000000000000000000000				AST	To pare or	F.D.F.ATU	DAY YEAR	Tal. 110110
1	(TYPE OR PRINT)	FIRST	MIDDLE				FDEATH MONTH		25 HOUR
J	FRANCIS	DAVID		u	IERL2	MA	RCH 16, 19		10:29mP
1	3. SEX	4. RACE		S. DATE C		6 AGE (IN)	(EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	MALE	CAUCA	SIAN	API	RIL 4, 1934		50 YRS	MONTHS DAYS	MOURS MIN.
ı	70. BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	Ø(9. BALTIMO	RE CITY OR COUN	TY OF DEATH	
	WASHINGTON, 1	D.C. U.S.	4.	WIDOWE	NEVER MARRIED DIVORCED		MONTGO	DMERY	MD.
Ī	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION		OCCUPATION		OF BUSINESS OR
	SILVER SPRIM	VG HOLY	CROSS HOS	SPITA.	L	(TYPE OF WOR	K FOR MOST OF WORKING	FE	D GOVT.
	USUAL RESIDENCE (# NURSING	G HOME OR OTHER INSTITUTION 36 COUNTY	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	In STREET	ADDRESS		
1	MARYLAND	MONTGOMERY	ROCKVILI	LE	YES XX NO	136. STREET	ADDRESS 11119 TROS	/ ROAD	20852
	14 FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME			
/	FRANCIS	B.	WERLE		EVELYN	K.	MIDDLE	CASE	5T
1	160 WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	577-44-	4053	BETTY ANN	WERLE	SAME AS	3 13	WIFE
1		(Enter only one cause pe							ONSET AND DEATH
	IA	MMEDIATE CAUSE (a)		Ac	ute Myoraralese	e infar	ctions	-	(Oliver)
1		DUE TO, C	R AS A CONSEQUE	NCE OF					
	Conditions, if ony, v								
1	gave rise to imme		R AS A CONSEQUE	NCE OF					
	underlying couse		K AS A CONSEGUE	INCL OI				1,020	
	PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEAS	E OR CONDITION O	IVEN IN PART 1	0.
	Z CHIEK SIGNI	TICAL CONDITIONS C			word Forliers	THE DISEAS		The state of the	
41	V			-	and the second of the second o				

90 DATE OF OPERATION

CERTIFICATIO

MEDICAL

STATE

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

211 LOCATION

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NOM YES [

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

23a BURIAL, CREMATION, REMOVAL

BURIAL

21d, INJURY OCCURRED

22b. SIGNATURE

(SPECIFY)

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DE ATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

and that in (my) (com) opinion deoth occurred on the date and have and from the couses stated DEGREE

My D.

Mary 21

19 54

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

manch 4

22¢ DATE SIGNED MARCH 17, 1985

221 PHYSICIAN'S NAME (TYPE OR PRINT)

BARRY HECHE

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

P.M.

21e PLACE OF INJURY

3/19/85

MARCH

23b. DATE

3929 FERRARADHIVE WHEAPON, ULD 20906 23c. NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

22e ADDRESS

23d LOCATION SILVER SPRING

THOM

STATE MD .

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 50M 4/82

should be detoched for use as the buriol-transit permit.

with the State Dept of Health and Mental Hygiene prin

m. 18 shows

marked or Her

MPORTANT: If Hem 21 is

certificate has b

FUNERAL DIRECTOR:

0

ATTENDING PHYSICIAN: The attending physicio

HOSPITAL

FRANCIS J. COLLINS 24. FUNERAL DIRECTOR 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 (VRA 15, 4)

saw the deceased alive an Mach 14 obove, (I) (we) (did) (and not) view the body ofter death.

256 REGISTRAR'S SIGNATURE

The second secon #2015**2**0 099068

DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

REGISTRAR

1 - STATE

126 KIND OF BUSINESS OR rous of Congress 1904 Flower /Patients: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE (my) (our) opinion Beath occurred on the date and hour and from the causes stated 17r. DATE SIGNED DIRECTOR | PHYSICIAN The Name of Cemetery or Crematory Ft. Lincoln. Bladensburg urial. STATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE guila widon Bordette Takoma . Funeral Home Carroll

STATE OF MARYLAND

CERTIFICATE OF DEATH

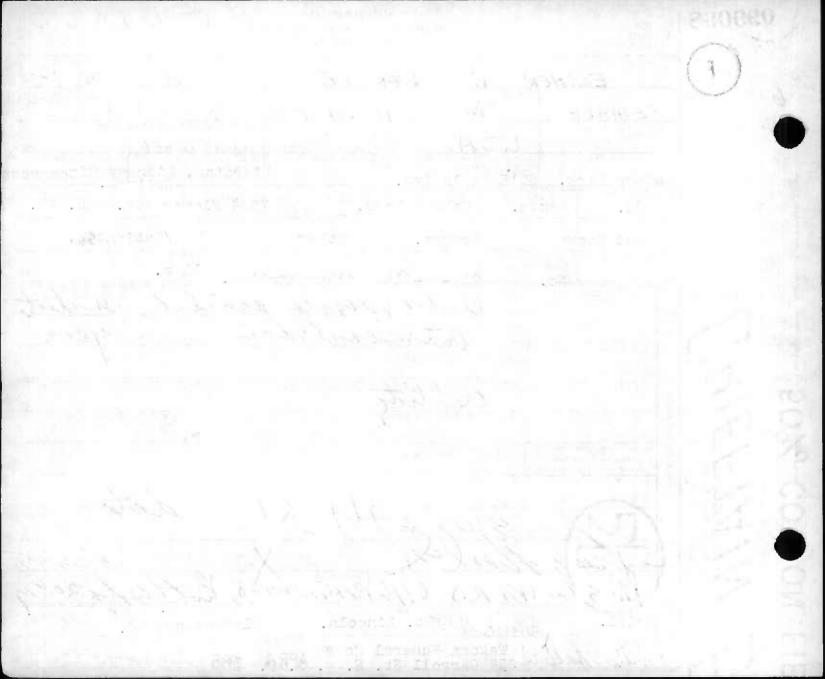
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

IF UNDER 2 HRS

IF UNDER TYPAR

MONTHS DAYS



081106	FOR 1 - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH
GR M	1. DECEASED NAME (TYPE OR PRINT)	Hennedwin	West West
	3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY 7 30 /893
	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWEDS DIVORCED
1 11 17	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION

09085

		ENN Glenn	dwin 1	west "	lest			35	11.30
3. SE	X	4. RACE		DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIR	THDAY # UNDE		HOURS MIN
1_	/ Y) æile		Chite	1 30	1893	72	YRS		
	STATE OF	FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	MARRIED - NEVER	MARRIED 7. E	BALTIMORE CITY C	R COUNTY OF DE	ATH	
	New Yerk	U.S	.A.		DIVORCED 🔲	Montgomer	V		A
10. C	ITY OR TOWN OF DE		OF HOSPITAL, NURSING			USUAL OCCUPAT	ON 126.	KIND OF USTRY	BUSINESS
	Bethesdy	A Su	shorbAN	HOSO.		Electrica			neerir
	JAL RESIDENCE (IF NUR	136 COUNTY	136 CITY OR TOWN		CITY LIMITS? 138	STREET ADDRESS	7 7 IP CODE		
I Mo	d.	Montgomer	75 13 3	YES 🗌	NO 🗍		stnut St.	20	814
-	ATHER'S NAME			15. MOTHE	R'S MAIDEN NAME		001100		
	George	WIDDLE	West		Bessie	MIDDLE		Stone	0
	WAS DECEASED EVER	IN U.S. ARMED FORCE	S? 166 SOCIAL SECURI			ADDRI	22		
-	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	332-14-14	+74 J.W.	Little.	6304 Frie	Mary		ethesd
			per line for 101, (b), and 1					APPROXIM	ATE INTERVAL
	PART I. DEATH W	AS CAUSED BY:		ulmonary	1 Arres	+		CTW(QINO)	ASET AND DEATH
		IMMEDIATE CAUSE (0	ar aron	almonare	ALVES				
Lis			OR AS A CONSEQUEN	()				10	1
	Canditians, if any		Septic	Shock				2	nours
	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							111	
	onderlying coose	(105)	Theur	nonia			0	4 1	nours
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
<u> </u>	Atrial Fibrilation, Congestive Heart Facture 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THE CONTINUE OF INJURY INTURBURE OF INJURY IN THE CONTINUE OF INJURY IN THE CONTINUE OF								
N S	190 DATE OF OPERA	TION 196 CO	NDITION FOR WHICH O	PERATION WAS PERF	ORMED	70a AUTOPSY?	1706. IF YES, WERE		
E						YES NO	YES 🗌		NO 🗌
Ü	210. ACCIDENT WAS UN	110110	E OF INJURY A.M. MONTH DAY		INJURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART TOR	PART 2)	
¥	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19					
MEDICAL	21d. INJURY OCCUR	RED 21e. PLA	CE OF INJURY	711 LOCAT		CITY OR TO		YINI	STATE
Σ	WHILE NOT WE	MILE	E, STREET, FACTORY, OFFICE, FAR	M, ETC) STRE	ET	CITA ON 10	wn co	2011	SIAIE
		this haspital) attende	the deceased from		10 83	10 3/16	10 8	5 1	ot (l) we) lo
	saw the deceas	ed olive on 3/	16 1989	and that in (m	y) (aur) apinian deat	. 10	ate and hour and fr		
	obove (1) (we) (did udid not view the b	ady ofter death.	DEGREE				. DATE S	
	6-1-1-	1 11 00		MA	ATTENDING V M	AEDICAL STA	F	1/1	105
	13006	J H D	la	1111	PHYSICIAN D	RECTOR PHYSIC	IAN C	1/10	10
	224 PHYSICIAN'S N	AME (TYPE OR PRINT)		22e. ADDRI	155		0 11	. 1	1 -
	137.	1 11 21		10010	1.12	. /\	1) 11 .	0 1	A / C
	Koher	+ H. Bb	0	18218	Wiscons	sin Aue	Ke These	la 1	nd.

DHMH - 16 50M 4/83 (VRA 15, 4)

erained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be the shate Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

3/20/1985 Burial NERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. ash., D.C. 24 FUNERAL DIRECTOR

Parklawn Memorial Park Cem. Rockville Maryland Park Inc. 250 Date REC'D. By REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 2 0 1985 Maryland

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 executed within 24 hours ofter

R ATTENDING PHYSICIAN: The low hospitol or offending physicion.

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 8 shows any injury, ar other traumatic event, the medical example mustbe landled at three.

FOR STATE DEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		BEC NO					

REGISTRAR				CERTI	TEATE OF DEATH	REG. I	10.		
1 DECEASED NAM	E FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
[TYPE OR PRINT)	Cathe	rine	D	W	hite	March	17.	1985	11:03 A
3 SEX		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	
Fen	nale	Cauca	si an	Octo	ber 11, 1912	72	YRS	MONTHS DATS	HOURS MIN.
70 BIRTHPLACE			WHAT COUNTRY?	. 0	-	A DALTHLODE CITY	- 110		
Washingto	n D C	United	States	WIDOW	ED NEVER MARRIED		maru	County.	
10. CITY OR TOWN		11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND (OF BUSINESS OR
Bethesda			chfacility, give street entbury D			Secretary	OF WORKING		
USUAL RESIDENCE	LIF NURSING HOME	OR OTHER PHILIPLE	DISTRIBUTION SEPON	E ADMISSIONE				La	IW
Maryland	Mon I	gomery	Bethesd		YES NO X	8204 Kentl			20814
14 FATHER'S NAM		Bomeri			IS MOTHER'S MAIDEN N		July .	DIIVE /	20014
774.7.7	T.	=000	Dooley		Bertha	#IDDLE		BrahÎ	er er
Will:	MATERIAL PROPERTY.	seph RMED FORCES?	TIM SOCIAL SECT		17 INFORMANT	ADDI	RESS	DLanz	.01
LARY ARE CALILLARY	GWHI (#) HEE O	HE WAS ON BATELS			14 14 m	THAT II.	-1	Cama	a dtom 13
No.			577-07-5	-	Mr. Alvin T	. white, hu	spand		
III CAUSE C	EATH WAS CAUS	only one course per	THOU LINE	dic	(.	ad/// 1.		BETWEEN	ONSET AND DEATH
10001110		ATE CAUSE (a)_	The anti	MIC	July All	O COLL (1/V)	INA	son IV	Veren
			_	1			100	1	
		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MAS A CONSEQU	IA	11/ -00 1 4 1	1211111	M	12%	10111
	if any, which to immediate	1 (0)1	morry	11/187	-Carenay Ce	manny	11	~/	fine
couse (g)		S DUE TO C	R AS A CONSEQUE	ENCE OF	1.11	1 . of 11	111		
underlying	couse lost.	1 000		1/105-03	Off Cower lity	of ld lender	Gia TX	en Da	anno
PART 2 OTH	ER SIGNIFICANT	CONDITIONS	CHARRENT PORTO	DEATHBUT	MADT RELATED TO THE TER	AINAMDISEASE OR COL	UDITION C	SIVEN PART 14	
8 6	Thomas	clero-	X- 130	100	400 x00 us	The somet	Mus	Henry	al melan
A 190 DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF Y	ES, WERE FIND	NGS USED/
210. ACCIDENT						YES NO NO	INGERT	TIFYING CAUSES	S OF DE OFH?
210. ACCIDENT	WAS UNDERLYING	216. TIME (OF INJURY		21c HOW INJURY OCCU				NO L
	ING CAUSE OF D	AIN	M. MONTH D						
O LIFEITHER NO	TIFY MEDICAL EXAMIN		.M.	19	211112211221				
OR CONTRIBUT		LAT HOME, ST	OF INJURY REET FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION	CITY OR T	OWN	COUNTY	STATE
AT WORK	NOT WHILE					(/ 17)	6	100	Eginto-
220 1 certify	that (I) (this has	utal) of edded t	ne deceased from_	16 4	Mayer 19 00	, to 17//	WAL	19_85_	that (1) (we) last
sow Me	deceased alive a	n lew the body	CM 19 8	3	nd that in (my) (our) opinio	n death occurred on the	date and h	our and from the	couses stated
776 SONAT		C I I	differ debth.	at	SEGREE .			73x D418	SIGNED
N	1.1.11	NI 4	3.14	NI	ATTENDING	MEDICAL STA	AFF	3/1	100
214 PHOMES	eccent.	16111	cary,	11/	PHYSICIAN THE ADDRESS 56	DIRECTOR PHYS	CIAN	12/1	1100
The Charle	Mississian of the	-	461	- Carrie				20817	1
	Michel M	Name and Address of the Owner, where the	Control of the Contro			thesda, Mary	Tand	20017	
23a BURIAL, CREM	ATION, REMOVA		March I		EMETERY OR CREMATORY	CITY OF TOWN		COUNTY	JATE
Buria		20,	L985 Ga		Heaven Cemet			ing, Mar	
24 FUNERAL DIREC	Robe	rt A. Pi	imphrey F	unera	1 Homes, 250 D	ATE REC'D. BY REGISTRA	R 25b. REGI	ISTRAR'S SIGNA	TURE
			esda. Mar		MAF	(20 1985 1	المال معنا	Maron-No.	

DIVISION OF VITAL REC	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL STITENDING PHYSICIAN. The low retained by the hospital or attending physician	10 HOSPITAL - ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached with mitterior of the certification of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If them 21 is marked of them 18 shows a	WPORTANT: If them 21 is marked a them 18sth with injury, or other troumaits event, the medical examiner must be not it at a new

083179	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5 0	9087
2 (15)	DECEASED NAME FRST YPE OF PRINT) WILLIAM SEX	MIDDLE E.	White. St. 5. DATE OF BIRTH	Narch 2 1985	YEAR 26. HOUR 5:17 PM
rector,		Caucasian	NOV. 21, 1897	87 YRS.	ONTHS DAYS HOURS MIN
a p 2	COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
2 4 7 70	Lebanon CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Montgomery	MD.
2 23 2	Silver Spring	115 NOT IN SUCH FACILITY, GIVE STREET AL 2305 Greenery La	DORESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
filled in ould be in O.	SUAL RESIDENCE HE NURSING HOME ORD STATE 136 COUNTY Maryland Montg	THER INSTITUTION, GIVE RESIDENCE BEFORE A	ADMISSION 13d INSIDE CITY LIMITS?	130. STREET ADDRESS 2305 Greenery La	
omplets	Elias	White	15. MOTHER'S MAIDEN NAI FIRST ASMA	ME MIDDLE ADDRESS	NADER
be exected an and s. Pages	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE W		17/1	0 0 1 0 110.	
g physic an pape erroru, #	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		a. 1. V / . V /	The water taxes	BETWEEN ONSET AND DEATH Lyn 9 mo
that the death in the death in the attending sease remove careal, cremation, as an arrather traumati	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUER (b) DUE TO, OR AS A CONSEQUER (c)			
2 000		ONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
Varion ysicion cote has been signosti permit. Thei dygiene prior to b & shewt ony injury	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
52 35 7 7	CO COLUMNIANIC C CHICC OF OF LOT	216, TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	RED JENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
DING PHYSICIA or attending pi After this certifice of the burial-talls and Mental marked a Chem	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
TEN Outol TOR of He	226 certify that (i) this haspital	1) attended the deceased from	and that in (my) (our) opinion	death occurred on the date and haur	9, that (1) we) lost and from the couses stated
Al DIREC detached to be Dept	THE SIGNATURE	enten MI)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/4/85
CO HOSPITAL TO FUNERAL should be deto with the State IMPORTANT: If	THE PHYSICIAN'S NAME THE CRE	KENTON	10620 GEOR	EGIA AVE, SILV	ER SPRANG, M
P	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		AME OF CEMETERY OR CREMATORY NOOdlawn Mausoleum		county state the Florida

DHMH-16 20M (VRA 15, 4) 7/7B

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Francis J. Collings Funeral Inc., 250 DATE REC'E 500 University Blvd. West Silver Spring, Maryland MAR 7 me Dandon-Mandelle

at it progress of all affects of the

077151	FOR DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GENES 0 9 3 8 8
3	1- STATE REGISTRAR Eloise E. Whitmer MEDICAL I		DEATH REG. NO.
(B.)	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)	lach + 1 m	20. DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI- DEATH MATER A
RECORD TO STREET	1. SEX 14 RACE S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 20 DATE MONTH BAY YEAR 24 HOUR
T SEARCH OF THE PARTY OF THE PA	Merch 10, 1890 16. CITIZEN OF WHAT COUNTY)	TRY? 8. MARRIED NEVER MARRIEI	DEAD MENCH 3 19 MM
A STANSON OF THE STAN	Tronton, Ohio United States	WIDOWED DIVORCES	
PAGE PAGE	Silopa I IF you and A CHITY GIVEN		Statistical clerk-US Civil Ser.
AND 3 RETAIN POULD	Wash:	ington, D.C. YES NO []	3900-Tunlaw Rd., NW 20007
10 de la maria	H. FATHER'S NAME FIRST Edmund Edgar Gir	is MOTHER'S MAIDEN FIRST	Mary Sperry
S AFTER D S AFTER D GIVE PAGE TITH FORM PAGES VYISION	(VES NO ORINIVATOURLY I THE VEST ONE THAN OR BASES)	28-1966 Robert M.Bo	w Rd., NW, washington, DC 20007 oyd (Personal representative)
DS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOU GC. IN PENCIL IN 176M 18 24 EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) PART I DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a) stofting the underlying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	SEQUENCE OF	nehalfnoums with
MITAL RECORDS, 201 SHOULD BE EXECUTED SHOULD BE EXECUTED CHIEF MEDICAL EXA CHIEF MEDICAL EXA CHIEF MEDICAL EXA LUGF HEALTH AND M LOF HEALTH AN	E Fracto la hisp	WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES □ NO
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL RES ANOULD BE USED AS A BUY IT DEPARTMENT OF HEALTH AND IT PROR TO BURIAL, CREMATING TO THE CHIEF AND TH	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TABLE OF DEATH 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 217. TREET, FACTORY, FARM, ET	DAY YEAR Fellon (ATHOME. 211. LOCATION	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
EXAMINER: THIS LIDE BE FORWAL DISTORE PACTOR WITH FESTER WORKLANDSTE	22e I certify that I took charge of the remains described abo death resulted from: Natural causes , Accident		Undetermined monner .
O MEDICAL XECUTE THE XECUTE THE XECUTE THE XETER DEATH ATTMORE, A	EXAMINERS NAME (TYPE OF PRINT)	ADDRESS	MEDICAL EXAMINER SIGNED AS 19 PS
999999	Cremation Mar. 5, 1985 L	ee's Crematory	23d LOCATION CHYOR TOWN Washington, D.C. COUNTY STATE
DHMH - 17 (VR A15 ME (5))	J. Wm. Lee's Sons Co. 300-4th St.,	NE, Wash., DC2000 13	C'D. BY REGISTRAR 235 REGISTRAR'S SIGNATURE

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J. i.Lee's John Oc.30'-Neb 16.,380, West., 3020002

_07415	-	FOR		DEPART			GIENIO 5	0	908	9
	1 -	STATE REGISTRAR			S. DATE OF BIRTH MONTH DAY SEAR 6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR MONTHS DAYS HOURS MIN. 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED TAL, NURSING HOME OR OTHER INSTITUTION ITY, GIVE STREET ADDRESS) WINDOWS STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE					
1		CEASED NAME FIRST OR PRINT)	YOND	MIDDLE /K			20. DATE OF D	_	S &S	1350
1	3 SE	4	1 RACE				82	YRS	MONTHS DAYS H	
1 620	(RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE			
		TY OR TOWN OF DEATH			-	The state of the s	12a LISUAL OC			
1/2		rock VILLE	SMAD!	CH FACILITY, GIVE STREET	ADDRESS)	10101	(TYPE OF WORK F	OR MOST OF WORKING		
filled in 24 hours	13a. S	STATE 136 CO	OR OTHER INSTITUTIO JNTY DT 15-	13c. CITY OR TOW	N	YES NO	19520			37
and the state of t	14. F.A	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	LAST	
		HARRIS	F.	WILRU		MARY			KALDER	
oe execution and control and c		VAS DECEASED EVER IN U.S., I YES, NO OR UNKNOWN] [IF YES, I	ARMED FORCES? GIVE WAR OR DATES)	578-52-		H.R. WILBUR	N. JR.	SIN DAG	BY LANE 1A. 220	1.5 TE INTERVAL ET AND DEATH
that the death certificate by the attending physose remove carbon palls. I cremation, ar remore rather traumatic events		PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO,	OR AS A CONSEQU	ENCE OF	TO LUNG	\$70pul 48.	e H W	774	
gnes en ple burn	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION G	IVEN IN PART 110	
ne law requestr.	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	IN CERT	ES, WERE FINDING IFYING CAUSES OF	
ICIAN: The graphsicion profit		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	EATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATU	RE OF INJURY IN ITEM 18	PART T OR PART 2)	
PHYS trending the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDING pital or a TOR Afte for use as of Health		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	3-	-419	81.0	d that in (my) (our) opinion	n death accurred	on the date and ha		et (I) (we) last uses stated
Y the has Ral DIREC detached fate Dept.		22b. SIGNATURE	0,0	din		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3/S	185
O HOSPITAL etained by the Funk Ray of the Stand be detained with the Stand RAPORTANT:		PUBEN	E OR PRINT		une	17574 NEW	CANO 1	20, NET	2000 p. M.	10,2085]
F 5 F 2 7	230	SURIAL CREMATION REMOV	AL 23h DATE	236	NAME OF C	EMETERY OR CREMATOR'	23d LOCAT	ION		

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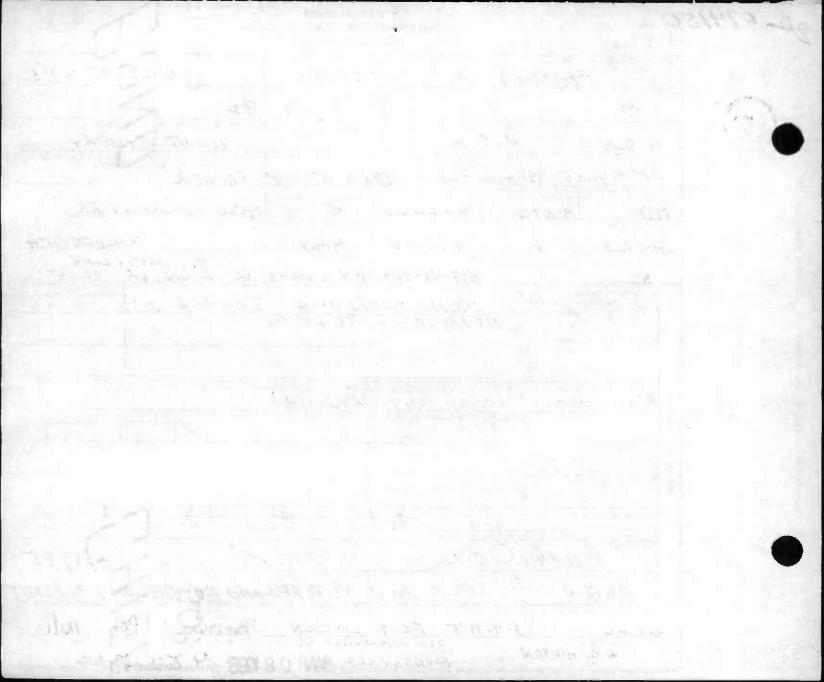
DHMH - 16 50M 4/83 (VRA 15, 4)

236. DATE 3-7-1985

23d. LOCATION

230 BURIAL, CREMATION, REMOVAL 23b
(SPECIFY)
BURIAL
24. FUNERAL DIRECTOR
NAME W.C. HILTON

LINCOLN F-ORT 22111 BEALLS VILLE BARNESV



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	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 ha	retained by the hospital or attending physicion.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 twith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical systems.

STATE OF MARYL	
DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF I	DEATH

1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	
(TYP	CEASED NAME FIRST NAME		5	3	ADNIH DAY YEAR 26 HOURS
3. SE	× – '		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
		cauc.	11 24 97	81	YRS.
	IRTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
10.0	W·Va		WIDOWED DIVORCED	11101/90	MERY MD.
Y	17. CA/DN	1. NAME OF HOSPITAL, NURSING	DRESS HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LINE) INDUSTRY
13a. M/	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT PRYLAND MONTE	Y I3c CITY OR TOWN	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 9509 CAR	ZIP CODE 0441 AVE. /20901
14. F	ATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
	HENRY -	- HICKMA	N MELISS		WAY
		MED FORCES? 16b. SOCIAL SECUR	1	ADDRES	is at
		DNE 223-24	3216 JOHNETTE M	oody (baught	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAU
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A SONSEOUEN	con prumo	culas des	
Z		31.511.611.6 <u>30.111.83.111.6 1.6 5.</u>	DATE OF THE PERSON OF THE VERN	THE DISERSE ON COTTS	Wild Control and the Control a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TIE				YES NO	YES NO
CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DAY	21t HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	IN ITEM IS PART I OR PART ?)
CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		
WEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	/N COUNTY STATE
2	A WORK NOT WHILE	The state of the s	1 6		
	220 I certify that (I) (this haspital saw the deceased alive an	al) attended the deceased from 198	and that in (my) and opinion	death occurred on the da	that we) last te and have and from the causes stated
	THE SIGNATURE	1011	DEGREE		221 DATE SIGNED
	Water 9	VYOX MI	ATTENDING PHYSICIAN	MEDICAL STAF	AN 13 May 83
	THE PHYSICIAN'S NAME ITHE DAY	- // · · ·	22e ADDRESS	Ove	20402
	WALTER E.	GOOM MI	2309 SHOKE	PIELD KP L	WHEATON MD 20402
22.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N/	AME OF CEMETERY OR CREMATORY	23d. LOCATION	P COUNTY STATE

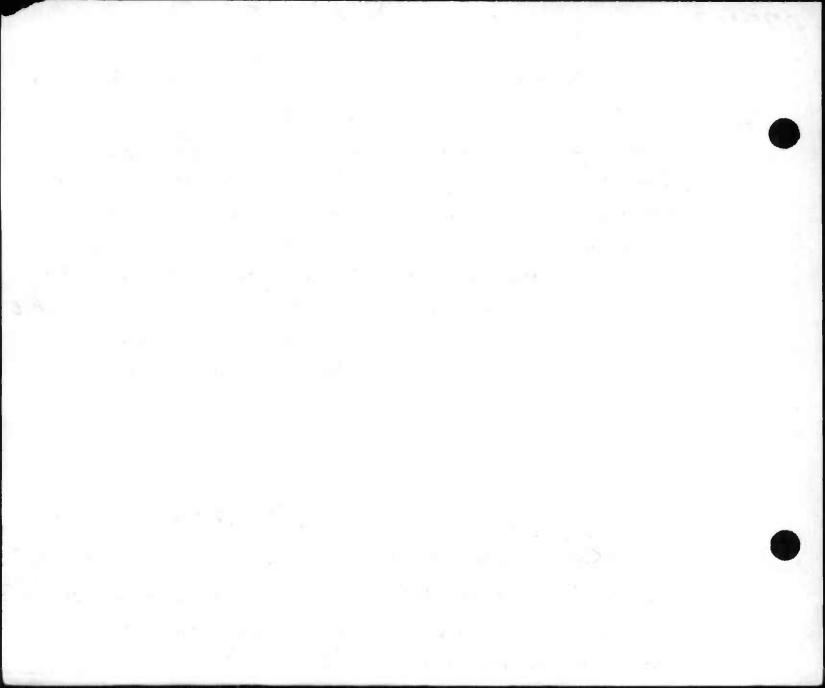
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

BULLAT 24 FUNERAL DIRECTOR

CHAMBERS FUNDANC HOME SIWER SPRING, MD

Mar. 16, 1985 Richwood Cometery Richwood Nicholas Wiva.



Washington, D.C. 20016

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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DHMH - 16 50M 4/83

(VRA 15, 4)

Joseph Gawler's Sons

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.			
1	20 DATE OF DEATH	MONTH	OAY	YE AR	26 HOUR
		03	28	1985	6:50
1	6. AGE (IN YEARS LAST B	RTHOAY)		DERIYEAR	IF UNDER 21

KLO	ISTRAK						REG. I	10.				
DECEASE		FIRST		MIDDLE	-	TAST	20 DATE OF DEATH	MONTH	OAY YEA	R 2	h HOUR	-
(TYPE OR PRIM	NT)	Dorthy		N.		tstein		03	28,198		6:50	M
3 SEX			4 RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHOAY)	MONTHS DA		HOURS MI	
Fema			White		NOVI	EMBER 17, 1892	92	YRS			, and a second	
Ta BIRTHPL	ACE (SIA)	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	4		
NEW 3	TERSEY	/	U.S.A.		WIDOW		Montgome	ery	COUNTY	/		MD.
10. CITY OR	TOWNOF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPA				BUSINESS)R
	vill		Hebre	W Home	of G	reater Wash	HOUSEWIFE	OF WORKING	LIFE) INDUST		HOME	-
130 STATE		NURSING HOME OR		GIVE RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY LIMITS?	12. STREET ADDRESS			208	352	
MARYL	LAND	MONT	GOMERY	ROCKVILL	.E	YES NO	13 STREET ADDRESS	ROSE	ROAD			
4 FATHER	'S NAME		u.P.D. r			15. MOTHER'S MAIDEN NAM						
DAVIT) FIRST		S.	LAMBERT		JULIÄRST	WIDDIE		LC	ESI	ER	
NO WAS D	ECEASED E	VER IN U.S. AR	MED FORCES? E WAR OR DATES!	089-20-5		"GERALD J.	NEUWELT, ADDI	11700	OLD C			
110				007 20 3	541		SILV	ER SI			RYLAND	
18 C	AUSE OF D	EATH (Enter on H WAS CAUSE)	ly ane cause per D BY:	line for (a , (b), and					BETW		SET AND DEAT	Н
		IMMEDIAT	E CAUSE (a)	Lane	bnovi	as cular Acc	DENT		2	mo	N713	
			DUE TO, O	R AS A CONSEQUE	NCE OF							
		ony, which	((b)_									
		immediate	DUE TO O	R AS A CONSEQUE	NCE OF					211		13
undi	erlying c	ause last	(6)	N NO N CONSCOSE								
PART	2 OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION G	IVEN IN PAR	Llia		=
				Proceno			, The Brogerioe Graces					,
CERTIFICATION D	ATE OF OP	ERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIN			
Ħ							YES NO NO		TIFYING CAU YES 🏻	SESO	F DEATH?	
210 4	ACCIDENT WA	S UNDERLYING	21b. TIME O			21¢ HOW INJURY OCCURR				2)		_
0000		CAUSE OF DEA		M. MONTH DA								
~	NJURY OC	MEDICAL EXAMINER	P. 21e. PLACE		19	211 LOCATION						
WHILL W	E NO	OT WHILE D		REET, FACTORY, OFFICE FA	RM, ETC)	STREET	CITY OR T	OWN	COUNTY		STATE	
220.1	certify the	it (1) (this hospid		e deceased from	امر	many 1 , 19 SH		CH 28	19 85	_, the	ot (I) (we) l o	ost
		ceased alive an		19 6	55 . 01	nd that in (my) (ou) opinion o	death accurred on the	date and h	our and from	the co	uses stated	
	GNATURE			/		DEGREE			22c. D.	ATE SI	GNED	
		12	and of	ew			MEDICAL ST.		m	see	4 29,19	n the
22d. P	HYSICIAN'	S NAME (TYPE O	R PRINT)			22e ADDRESS						
	Dr. 1	Barry He	echt			3929 FEAL	rach on. W	11245	מונים, נית	20	906	

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OR ATTENDING PHYSICIAN. The lo

O HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

IO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the bural-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Item 21 is morked or Item 18

injury, or other troumotic

23b. DATE 4/1/1985

23 CEDAR HILL CREMATORY

SUIT LAND, PRINCE GEORGE' SAIE

OF BY REGISTRAN 256 REGISTRAN'S SIGNATURE

2DONALO IRM. IOISTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

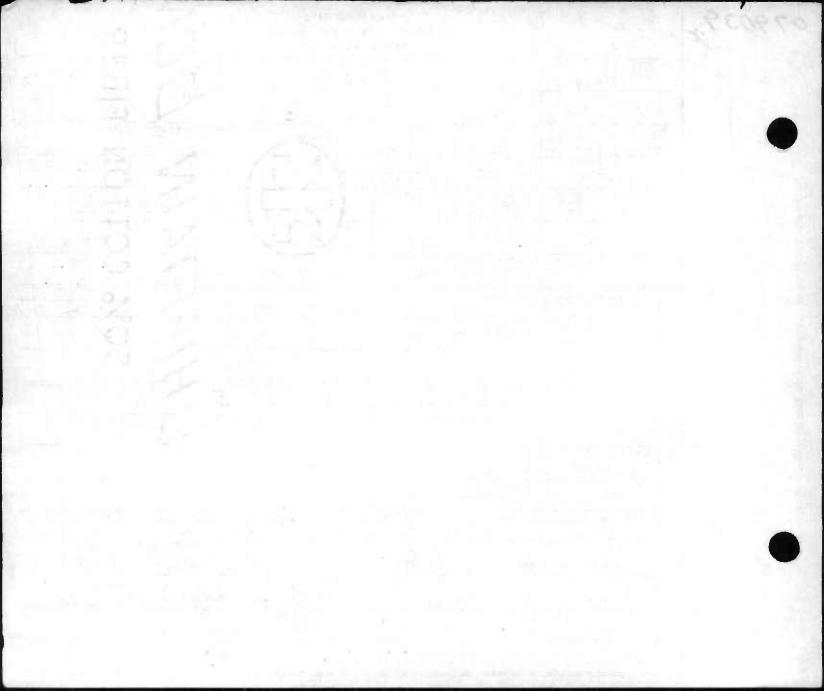
Tardon Randall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO FUNCIFIED OR ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 habris after death retained by the hospital or otherwise physician. TO FUNERAL DIRECTOR. After the certifient has been signed by the ottending physician and remaining that the literature.	should be detached for use as the aural trainst permit. Then please remove carbonogopers, Pages, Land 2 should be him writing. with the State Dept. of Health and Mental Highere prior to burial, cremotion, or removal.	IMPORTANT: If Nem 21 is marked at them 11 stops ony injury, or other troumotic event, the matrical parties of the design of
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(VRA 15, 4)

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIEN	8	Sec. 3	0	9	0	9	
CERTIFICATE OF DEATH	REG.	NO.					
	DATE OF DEATH	ALC: ALTER	Day	VE AD	21 1101	ID	_

079039	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0909
by be death		CEASED NAME FIRST OR PRINT! ANNE	MIDDLE	Wol COTT	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 6 10 AM
ge 4 may	3 SE	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR O2	6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER LYEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
Je Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIORCED	9 BALTIMORE CITY <u>OR</u> COUNT Montgomer	MD.
softer of	S	andy Spring	Friends Nul		Teacher Recure	126 KIND OF BUSINESS OR INDUSTRAL LUKES School N.Y.
AND 2120 n 24 haurs fulled life	Ca	lifornia Ange	TILOS LATER CITY OR TOWN LOS LATER CONTROL L	YES NO 🗌	13650 West Harri	Son Street
MARYL, red within and 3	1	THER'S NAME Warren	R. Smith		WIDDLE	Grover
TIMORE, be executed by the state of the stat		VAS DECEASED EVER IN U.S. AR YES. NOOT ANKNOWN) (IF YES. CIV	MED FORCES? 166 SOCIAL SECU $(A^{RORDATES})$ 191–26–04		-daughter-Silve	Conn. Ave. 20902 r Spring, Md.
ST., BAL.		PART 1. DEATH WAS CAUSE	ly one couse per line for (a), (b), on D BY. E CAUSE (a)	oxilinaray a	net	BETWEEN ONSET AND DEATH 6 0 Pm 3/1/85
1 W. PRESTON is the death ce by the attending ose remave carb I, cremation, or reaction other troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	J		3/4/85
RDS, 201 equires the signed to Then pleo	NOI	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM		
ALRECORDS. The low required to be significant. There is no prior to be seen significant to be significant. The seen significant to be see	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
DIVISION OF VITAL NG PHYSICIAN: The offending physicion in pass it build the interminant provided the orthogen in pass it build the pass i		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OVISION OFFICE OFFICE String Noted	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	#	CITY OR TOWN	COUNTY STATE
ATTENDIB Spital or CTOR. A For use of of Heolis			tol) attended the deceased from	, and that in (my) (aur) apinion	death accurred on the date and ha	, 19 that (I) (we) lost our and from The causes stated
ALOR, the horal DIRE detached detached ore Dept		22b. Signature	Marria	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/11/81-
O HOSPITAL TO FUNERAL should be det with the Store		PRINTIFIE R	SHUZ DOUZS	18111 Pain	ice Philip Br	MD 20832
9999gg		Burial, CREMATION, REMOVAL Cremation		Lee's Crematory	Vashington, I	
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI Hir	uneral director nes//Rinaldi Fune	eral Home Silver	N.H. Ave. Md.	REC'D BY REGISTRAR 256. REGIS	TRAP'S SIGNATURE



STATE OF MARYLAND

/	,	
#5	that the death certificate be executed within 24 hours after death. Page 4 may be	by the ottending physicion and completely filled in matter interpretable actor, page 3 acremove carbonapaers. Pages I and 2 should be lied
10	s ofter deotr	or the former led with 75
11 W. PRESTON ST., BALTIMORE, MARYLAND 21201	thin 24 hour	ely filled in should be
ORE, MAR	executed wi	and camplet
T., BALTIM	tificote be	physicion o
RESTONS	e death cer	e ottending move carbo
×.	thot th	by the

DIVISION OF VITAL RECORDS, 20

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST MINA	WIDDLE	WOLF	Ta. Ditte of Dertiti	BI 85 855 PM
FEMALE	CAUCASION .	5. DATE OF BIRTH MONTH DAY YEAR 01 27 96	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
10. BIRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery Co	ounty, MD.
10. CITY OR TOWN OF DEATH SILVER SPRING	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET CARRIAGE	NG HOME OR OTHER INSTITUTION APPOPESS) FILL SILVER SPRIN	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LE	Ladies Appare
Maryland Monts	other institution, give residence before ity 13c, CITY OR TOW Silver S	Spring YES K NO [8201 2nd Avenue	
LIPPMANN	GOLLOWIT		WIDDLE	STERN
160 WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) IF YES GIVE	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215-22-7		Springs Md. ett;110 Melbourn	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) THE CONSEQUE (c) CON 6 CONSEQUE	RESPIRATORY PENCE OF HEADT FA	HLURE.	APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH
	ANCKR, ANK	DEATH BUT NOT RELATED TO THE TERM CHICA OPERATION WAS PERFORMED	. 200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
On COLUMNIA COLUMN OF ACTION	TH HOUR A.M. MONTH DA	AY YEAR 19 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
VIETNIER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME STREET, FACTORY OFFICE, F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.l certify that (1) his haspite sow the deceased alive an above (1) live) (did) (did not	al) attended the deceased from	CC	to3/3/, death accurred on the date and how	19 85 , that (I) (we) lost in and from the causes stated
22b. SIGNALIN	kmond	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF	3/31/85

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for unwith the State Dept. af H IMPORTANT. If them 21 is

230 BURIAL, CREMATION, REMOVAL Cremation

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Washington, D.C.

SPRING ST, SILVER SPRING MD 20895

STATE

4/2/85 Lee Crematory 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 5 SIGNATURE ADDRESS APR U 3 1905 Julie Burley APR U 3 1905 1170 Rockville Pike; Rockville, Maryland 20852

(AMOND)

ON COLLOR

APRO 3 GOD John in worthward

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	dooo	11-	FOR STATE REGISTRAR			DEPARTMENT				YGIENE F DEATH	5	09	09	5
LU	10023	1. DEC	EASED NAME OR PRINT)			WIDDLE		LAST			OF ESTI-	MONTH	DAY YEAR	76 HOU
	HER SE	3. SEX		Jeane I4 RACE	tte	F.	(IN YEARS IF UT	Wolff	IF UNDER 2		DATE	MONTH 3	31 1985	2d HOU
	N SAN PAGE		hale	Caucasian	MONTH DAY	YEAR LAST	BIRTHDAY) MONT		Hours		DATE DOUNCED DEAD	3	31 1985	5:0
1	75	FO	RTHPLACE (REIGN COUNTRY)		76 CITIZEN OF WE		8. MARR		EVER MARRIE DIVORCE	ED U	ALTIMORE CI	_	TY OF DEATH	M
-	S S S S S S S S S S S S S S S S S S S		Bethes	OF DEATH		PITAL, NURSING I	RESS)	IER INSTITU	NOITU	120. USUAL FOR MOST	OCCUPATION OF WORKING LIFE) nemaker	(TYPE OF WORK	Own Ho	RY
21201	AND 3 TO SET ANY DE	13a. S	L RESIDENCE	IIF IN NURSING HOME OF 13b COUNT Montgo	OTHER INSTITUTION, GIV		DMISSION) WN	13d INSIDE	CITY LIMITS?	13e STREET		de Driv		
RE, MD.	SES 1, 2 A PM 3 A A PM 3 A A PM 3 A A PM 3 A A A A A A A A A A A A A A A A A A A		John		MIDDLE	French	1	Ro	IER'S MAIDEI FIRST OSE	NNAME	WIDDLE		Seeli	
ALTIMO	AFTER DIVE PACES 1 AGES 1 //SION C	160. W	VAS DECEASE ES, NO, OR UNKNI NO	D EVER IN U.S. ARM OWN) YES, GIVE V		166 SOCIAL SEC 189-20-		Mr. V		m F. V	lolff,		e as ite I,	m #13
YST., B	M 18. O NG WIT. P RMIT. P INE, DIV.		18. CAUSE O	DF DEATH (Enter only	y one couse per line BY: E CAUSE (o) MU			5					APPROXIMAL BETWEEN ONS	
OI W. PRESTO	ED WITHIN 24 VENCIL IN ITE CAMINER ALO AL-TRANSIT PE MENTAL HYGIS V, OR REMOVE	7	gove r	ons, if ony, which ise to immediate of storing the under-	DUE TO, OR	AS A CONSEQUE	NCE OF							
CORDS, 2	BE EXECUTION OF THE PRINCE OF	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO TH	IE TERMINAL OISEAS	E OR CONGITIO	ON GIVEN IN PAR	II I (a)				
ITAL RE	CHIEF MED CHIEF MED CHIEF MED CHEF MED OF HEALT	CERTIFICATION	190. DATE O	FOPERATION	196 CONDIT	ION FOR WHICH	OPERATION V	AS PERFOR	RMED?			TEAN.	20 AUTOPSY	
ONOFV	FICATE SHO THE WORD TO THE CHI TO THE CHI TOULD BE US RETAENT OF OR TO BURL		LINDERLYIN	AL CAUSE WAS G OR ING CAUSE OF D	216. TIME OF HOUR AND EATH 4 P.M	MONTH DAY	YEAR 9 85 Pa				truck		ART 2)	7.
DIVIS	WRITING WRITING WRDED AGE 3 SH ATE DEP/ 1201 PR	MEDICAL	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE X AT WORK	STREET, FACT	OF INJURY (AT HO FORY, FARM, ETC.) TEET.		STREET 28 8	Ancie		k Rd, Da	arnesto	wn,Mont	, MD.
	CERTIFICATE, ULD BE FORW L DIRECTOR: P. (, WITH THE ST. MARYLAND, 2		220. I cert	ify that I took charge ted from; Noture	of the remains del	ccident XX		1	Inspection		nquiry ,	ond in my of	pinion	
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH WITH THE BALTIMORE, MARYLAI		ACTUAL SIGNATURE	Merry	w H	hugh	Med.		specify) Lstant	MEDICAI	LEXAMINER	DATE SIGN!	4/1/	85
	XECUTE AGE 4 O FUNE O FUNE ATTIMO		EXAMINER'S (TYPE OR PR	INT) Deni	is F. Smy			.ADDRESS_		Penn		Balto.M	D	
84	BP	(5	JRIAL, CREMA PECIFY) Cremat JNERAL DIRE	W-17-07-0	4, 1985	Metro	politan	Crem	atory	Ale:	Kandria SISTRAR 256	, Virg:	inia	TATE
	DHMH - 17	Z4. PU	NAME	Robe	rt A. Rum	-		omes,	APR		2		Pandall	
	(VR A15 ME (5))			P.A.	Rockvi	lle, Mar	yland		M 1/	8 198) una	nen/ 4701/-	Marianes	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Nem 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the medical Example in

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.

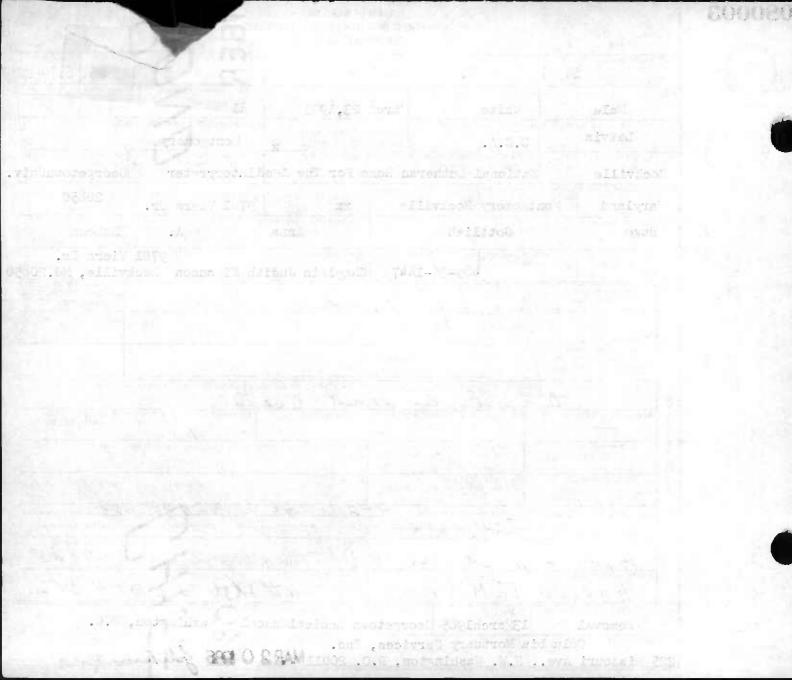
	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

	-	H	IE OI	m	MINI	LAND	
DEPART	MENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE
	CEI	RTI	FIC	ATE	OF	DEATH	

1	- STATE REGISTRAR			DEFAKI	CERTIF	ICATE OF DEATH	OLENE	RIG	10				
	PECEASED NAME	FIRST		MIDDLE	· ·	AST	2a. DATE C	DEATH SE	HIT	049	YE AR	26 HOUR	
1	TPE OR PRINT)	Sigri	d	Н.	Wol	kow	1		3	13	85	5:10) am
3. 5	SEX	7 - 7	4. RACE		5. DATE C		6 AGE IN	YEARS LAST BIRTHD	AY)	# UNDE	R I YEAR	IF UNDER 2.	A HRS
	Male		White		March	23,1903 YEAR	81	794	YRS.	MOITHIS	UAIS	1.00.5	
7a	BIRTHPLACE ISTATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIM	ORE CITY OR		Y OF DE	ATH		
	COUNTRYLatvia	1,	U.S.A.		WIDOWE		3.7 -	ntgomer	У			1	MD.
10.	CITY OR TOWN OF E	DEATH	11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTION	12n USUAI	LOCCUPATION	000000000000000000000000000000000000000		KINDO	F BUSINES	SOR
	Rockville		Nationa	Luther	an Hon	e For The Ag	gedInte	rpreter	ORKING ()			etownl	Univ
130	UAL RESIDENCE (IF N L STATE Maryland	LIESING HOME OF		GIVE BESIDENCE REFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?		ADDRESS / Z		E	208	850	
14.	FATHER'S NAME Hugorst		MIDDLE Gott			15. MOTHER'S MAIDEN N		MIDDLE A.		Eh	nbøł	in	
160	WAS DECEASED EV			166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS	970	l Vi	ers	Dr.	
	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	489-36-1	447	Chaplain Jud	dith Si					Md.a	2085
H		ATH (Enter on		line for 101, (MATE INTERV.	
	PART I. DEATH	WAS CAUSE	D BY:	D. 11	100	na-					1-	sh	•
		IMMEDIAI	E CAUSE (0)	my		-							
	Conditions, if o	nu suhiah	1	R AS A CONSEQU	ENCE OF								
	gove rise to	immediate	(p)		100								
П	underlying co		DUE TO, O	R AS A CONSEQU	ENCE OF								
	PART 2 OTHER S	IGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TEL	RMINAL DISEA	SE OR CONDIT	ION GI	VEN IN	PART 10	0	-
N		ates	man	Ponte	i He	aut D	orist)					
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU					NGS USED	
E					-		YES	NOX		ES 🗍	LAUSES	OF DEATH	13
1 8	210. ACCIDENT WAS	UNDERLYING				21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJURY II	HIEM IS	PARTIOR	PART 2)		
			in .	M. MONTH D	AY YEAR								
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN			YTAUC	STA	475
X	WHILE NOT	WHILE WORK	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOWN		(0	DN(1	312	
	22a. I certify that		tal) attended th	e deceased from	9	-2 196	5 to	3-1-	7	19	2	that (I) (w	e) lost
	sow the dece	eased alive on	3-1	1 19	A5 . 01	nd that in (my) (our) opinio	n death occur	red on the date	and ha	ur and f	ram the	couses stat	ed
	22b. SIGNATURE	N (Ald) (did no	t) view the body	after death.		DEGREE				22	C DATE	SIGNED	
	1 14 11	00 L	M-1	ann	N	ATTENDING	MEDICA	L STAFF	мП		7-1	1.85	5
1	22d, PHYSICIAN'S	NAME (TYPE O	R PRINT)	0	-	22e ADDRESS	DIRECTO	K [] PHISICIA	1				
	1/p	ROLD	F.1	4: Co.	NN	3355-162	北好		WI	05	ff.	D.C.	2000
230	BURIAL, CREMATIO	n, removal a.l.	13Marc			emetery or cremator own MedicalSo		Washin	gtor	n, cop	"C.	514	ATE
24	FUNERAL DIRECTOR	Columb	ia Mort	uary Ser	vices.	Inc. 250. D	ATE REC'D. BY	REGISTRAR 25	. REGIS	TRAR'S	SIGNAT	URE	
12				Washingto			201	85 All	a Day	Herm	Bar	della PR.	
								0			-		_

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, and 2 should be filled within 72 with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event,

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE	8	٤	-0-	9	U	9	1
CERTIFICATE OF DEATH		REG. NO.					

,	FOR			DEPARTA	NENT OF H	EALTH AND MEN	ITAL HYGI	ENE	-	3 1 (2 1
1 -	REGISTRAR				CERTIF	CATE OF DEA	TH	REG. N	0		
1 DE	CEASED NAME	FIRST	Α	AIDDIE	L/	\ST			MONTH	DAY YEAR	2b. HOUR
	ORPRINT)	BRIAN	D	OUGLAS	WO	ODZELLE		MARCH 18	3, 19	85	11:15 ^A
3 SE	X		RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	THDAY)	# UNDER I YEAR	IF UNDER 24 HRS
	MALE	1	WHITE		MONTH	27. 19	YEAR	18	¥8.6	MONTHS DAYS	HOURS MIN.
7a 8	RTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTRY?	JAN		67	9. BALTIMORE CITY O	YRS.	Y OF DEATH	
	COUNTRY)				MARRIE			_			
	aryland		USA	IOCOLTAL MUSCON	WIDOWE			MONTGOME			MD.
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INSTITU	TION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C			F BUSINESS OR
, E	BETHESDA		THE CL	INICAL CI	ENTER,	NIH		STUDENT			
	AL RESIDENCE (# NUR	SING HOME OF C	THER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE CITY	LIANTS2 1	4002 13e.STREET ADDRESS	/ 7IP COD	DE .	
	ELTSVILLE	PG	1	MARYLANI	5		D [K]	4902 HARR			0705
	ATHER'S NAME					15. MOTHER'S MA			2001.		
	FIRST		(DD) E	IAST		FIRST		WIDDIE		t AS	
	enneth		•	Woodzelle		Nancy 17 INFORMANT		Susan	-00	liddletor	
	WAS DECEASED EVEL YES NO OR UNKNOWN)		WAR OR DATES)		03.06			19720	S	SAME AS	ABOVE
	no			218-03-6	1603	KENNETH	I WOOD	ZELLE, JR.	(FAT	HER)	MATE INTERVAL
Z	Conditions, if on gove rise to imcouse (a), statuunderlying cous	y, which imediate ing the e last	DUE TO, OI (b) DUE TO, OI (c)	r as a conseque ACUTE NON	OCK • NCE OF LYMP	ACUTE R	ESPIRA LEUKEI	ATORY FAILU MIA INAL DISEASE OR CON		IVEN IN PART 10	
CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMI	ED	20a AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
MEDICAL CERT	210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEAT	216 TIME O HOUR A P./	m. month da m.	Y YEAR	216 HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU			
MEC	WHILE NOT WAT WORK AT WORK	ZHILE [DE INJUNT REET FACTORY OFFICE F	ARM ETC.)	STREET		CITY OF TO	NWN	COUNTY	STATE
	22a certify that H saw the dece above, 41 (we) 22b. SIGNATURE	sed olive on_	March 1	18. 19.		d that in XX () () () DEGREE ATTE PHY	NDING SKIAN [MEDICAL STA DIRECTOR PHYSICAL INSTITUT	ES OI	22c DATE 3// F HEALTH	SIGNED 8/8
730 1	BURIAL, CREMATION	PEMOVAL	123b. DATE	T23. N	IAME OF C	EMETERY OR CREA		123d LOCATION	,		
	(SPECIFY)	, REMOVAL						CITY OR LOWN		COUNTY	STATE
1	Burial		March	20,1985	Ft. I	incoln C	emete	ry Brentwoo	d PR	. Geo.	Md.

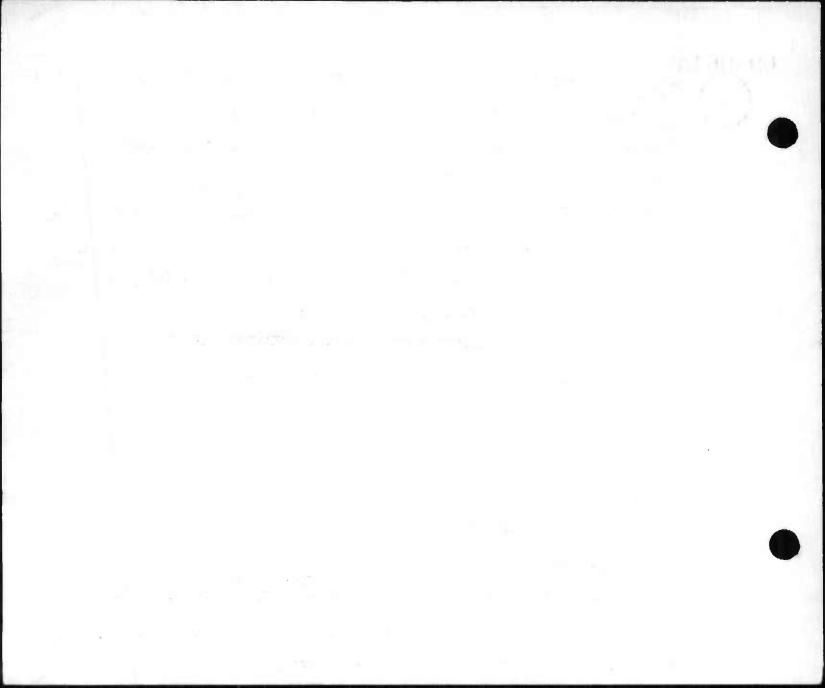
etained by the hospital or attending physicion

DHMH - 16 50M 4/83 (VRA 15, 4)

NAME

Borgwardt

Donald V.



and campletely filled in by the funeral directions I and 2 shauld be filed within 72 haure

this certificate has been signed by the attending physician

FOR STATE REGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO	

	1. DECEASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH MO	ONTH DAY YEAR	2h HOUR		
	(TYPE OR PRINT)	ROLD KILGORE	WOOLRIDGE	E	MARCH 19 19	185	3:23 ^a _M		
	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS		
	MALE	BLACK	Jül	LY 1 1 1932 YEAR	52	YRS			
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C				
	OHIO	UNITED STA	11F2 MIDOME	ED DIVORCED X	MONTGOMER		MD.		
7	10. CITY OR TOWN OF DEATH BETHESDA		HOSPITAL	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUSTRY	A.F.		
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUL MARYLAND MONT	NTY 13c CIT	DENCE BEFORE ADMISSIONS Y OR TOWN OCKVILLE	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	DRIVE 2	0851		
	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAS	ST		
1	GEORGE ORA				SIE KILGORE				
1	160 WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) (18 YES GI)		CIAL SECURITY NO.	17 INFORMANT	ADDRESS				
1	YES 1957	2-1973 313	3-24-0584	GEORGE W.WOOL					
1	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	D RV.			ND, IN 46617	BETWEEN	ONSET AND DEATH		
1	IMMEDIA	TE CAUSE (a) RES	SPIRATORY F	FAILURE					
1	Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF			1 1 3			
1	gave rise to immediate cause (a), stating the	(b)	CANCECUEACE OF						
1	underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF						
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART L	0		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
7	M DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
-	710. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJUR	Ÿ	21r HOW IN JURY OCCUPS	YES NO XX	YES DEBART 2	NO 🗌		
1		HOUR A.M. MC	ONTH DAY YEAR	THE THOU IN SOME OCCORN	LED LEWISE NATURE OF INJUNT IN	FILEM IS PART TORPART 21			
	OR CONTRIBUTING CAUSE OF DE- LIFETIMER NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJU	19 RY	211 LOCATION					
١	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTO	OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE		
1	22a I certify that (I) (this hasp saw the deceased alive an	tal) attended the deceas	sed from MARCH	1 12 19 85	MARCH 19	19.85	that (I (we) last		
ı	saw the deceased alive on above, (1) (we) (did) (did no	MARCH 19	19 <u>85</u> or	nd that in (my) (our) apinian o	death accurred on the date	and have and from the	couses stated		
1	226. SIGNATURE			DEGREE		22c. DATE	SIGNED		
	K.L. Sollow	L com	ve M		MEDICAL STAFF DIRECTOR PHYSICIAN		marc 85		
1	224 PHYSICIAN'S NAME (TYPE C			220 ADDRESS NAVAL					
4	R. L. SOLLOG				ITAL REGION,	BETHESDA,	4D 20814		
1	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
	24 FUNERAL DIRECTOR	3-22-85	Washingto	ton Nat'l C	EREC'D. BY REGISTRAR 25h	gton, VA.	TURE		
	George R. Snowde		lle, Md. 2	11440 00		vidour-Randall			
1	GEOTAE L' DITOMOR	TI LOCULAT	Lille &	J OCOO	14000				

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached far use as the braith the State Dept of Health and M MPORTANT: If them 21 is marked ar

TO FUNERAL DIRECTOR: After

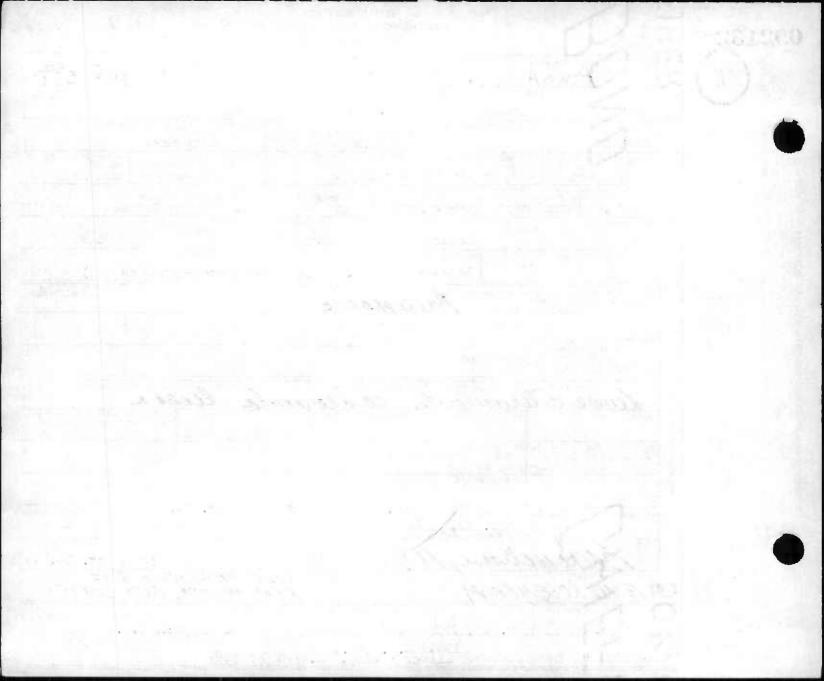
921324	1	_	FOR STATE
100			REGISTR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	REG. N	NO.	0	9	Ū	9	100
IASIT TO DITTE	DATE OF	-		DAY	YEAR	126	HOLIB	_

)		REGISTRAR			CLKIIIIC	ATE OF DEATH	REG. NO	O			
1		CEASED NAME FIRAL	NA A	K. Wa	TA	WORTH	2a. DATE OF DEATH	MONTH DAY	85	5 SP	
	3. SE2	(4 RACE	5.	DATE OF		6. AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER I YEAR	IF UNDER 24 HI	
		Female	White	A	MONTH	13^ 1896	88	YRS.	INS DATS	HOURS M	
30)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MAPPIED	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
10 /	Austria		U	IC A	WIDOWED !		Montgo	fontgomery			
COM	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION		17a. USUAL OCCUPATION 12b. (TYPE OF WORK FOR MOST OF WORKING LIFE) IND			
BU	Kensington		Ke	nsington N	lursin	g Home	House	wife	own l	nome	
35	13a. S	AL RESIDENCE IN NURSING HOME STATE 136 COL yland, Mont	or other institution JNTY . gomery	GIVE RESIDENCE BEFORE AD 136. CITY OR TOWN Silver Spr	113	BE INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e STREET ADDRESS / 1301 Mullin	ZIP CODE	t	20904	
J. T.	14. FA	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN NA	ME MIDDLE				
\$70		Paul	MIDDEL	Schermann	1	Maria	Moote		Mon	11	
edicol		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT	TYNO. 1.	INFORMANT	ADDRE	SS			
Je /	(YES NO OR UNKNOWN) (IF YES, (N/A	542-30-36	34 A	H. William E	Bowers-son-(same as	13e)	
ŧ/		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUSE)	only one cause pe	line for (a)	C1.1				BETWEEN	MATE INTERVAL ONSET AND DEA	
ony injury	CERTIFICATION	PART 2. OTHER SIGNIFICAN' - SCORE CO. 190. DATE OF OPERATION	elesoles ITION FOR WHICH OF	CO	edeocerie	la der 20a AUTOPSY?	206 IF YES, W IN CERTIFYIN	ERE FINDI	NGS USED		
6	Ē						YES NOT	YES [NO [
18 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A	DE INJURY M. MONTH DAY M.		TI. HOW INJURY OCCURI		RY IN ITEM IS PART	OR PART 2)		
or #	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FARM		II LOCATION	CITY OR TO	WN	COUNTY	STATE	
rked		AT WORK AT WORK							-		
21 is marked		22a I certify that (I) (th 346)	m Mar.	27. 1985		that in (my) (our) opinion	Mar. 28	, 19		that (I) (we) I causes stated	
= =		22a.1 certify that (I) (th	m Mar.	27. 1985	, and		Mar. 28	, 19	d from the		
=		22a.1 certify that (i) (that are allower the deceased allower that (ii) (that are allower that (iii) (duft)	m Mar.	27. 1985	DE	that in (my) (our) opinion GREE ATTENDING PHYSICIAN [17e ADDRESS 372	Mar. 28	ate and haur on	d from the	causes stated	
them 21		22a.1 certify that (I) (that has sow the decoused afree cabove, (I) twell (that) due 12th SIGNATURE	ENBAG 23b. DATE	sher death 1985	DE DE	that in (my) (our) opinion GREE ATTENDING PHYSICIAN [17e ADDRESS 772 KEA	Mar. 28 death occurred on the do	Sept 19	d from the	causes stated SIGNED . 28, 1	

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

DEPART

STATE OF MARYLAND	150	Les.	13	7'5	- 1	4 4	
MENT OF HEALTH AND MENTAL HYGIENE	0	3	U	7	-1	U	
CERTIFICATE OF DEATH		REG. NO.					

- 1						KEG.	NO.				
ı		CEASED NAME FIRST	MIDDLE	11	ASI	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R	
1	(TYPE	ORPRINT / William	11	Va	une	2	19/5	35	177	127	
ł	3. SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	# UNDER 2	2± HRS	
1				MONTH	DAY YEAR	124		MONTHS DATS	HOURS	MIN	
А		RTHPLACE (STATE OR FOREIGN	white 75 CITIZEN OF WHAT CO	Jai	n 26 1923	62	YRS COUNT	TY OF DEATH			
71		COUNTRY		MARRIE!	D NEVER MARRIED	Y BALTIMORE CITT	OK COUNT	IT OF DEATH			
	-	th Carolina	USA	WIDOWE		Montg				MD.	
₫	TII, CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL LIF NOT IN SUCH FACILITY.		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINES	5S OR	
4	F	Rockville	Shady Gro	. 111	tist Hespital	Dispatch	er	Univ.	of M	1d.	
7		AL RESIDENCE (IF HURSING HOME OF		OR TOWN	13d. INSIDE CITY MAITS?	13e.STREET ADDRESS	5 / 7IP CO	DE			
Я		faryland Mor	104 137	er Spring	YES X NO	1776 Pow			20903	3	
π	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA				CHY.		
			NIDDLE Y	oung	Pearle	Park	or	To	hnson		
1	16a V	VAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT			t St., A			
-1	[Y	7.77	WII 242-	20 15//	Van lass D. Wass						
1					Wesley R. You	ing-son-wil	kes-Ba				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	ol, (b), and (c).)				BETWEEN	MATE INTERV	DEATH	
-1	-		IMMEDIATE CAUSE (0) PNEUMONIA								
1		DUE TO, OR AS A CONSEQUENCE OF									
-1	1	Conditions, if ony, which	((b) BRO	NCHIAL	CARCINOM	A	30				
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF							
П		underlying couse lost.		ARETTE	ABUSE						
-1	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	0		
1	CERTIFICATION	ATRIA	L FLUTTER	2							
刁	CAT	190 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI			
4	Ĭ.					YES NO NO	,	YES []	NO [
5	CER	21a. ACCIDENT WAS UNDERLYING		-	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART 1 OR PART 7)			
		OR CONTRIBUTING CAUSE OF DEA		NIH DAY YEAR							
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION						
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC)	STREET	CITY OR	TOWN	COUNTY	ST	TATE	
1		22a 1 certify that (I) (this hospi	tel) ettended the decore	ed from Marc	12 10 30	S. Muc	419	10 8.5	Ab = A (1) (-)	\1	
1		sow the deceased alive on	- 110	20	nd that in (my) (our) apinior	death accurred on the	date and h	our and from the	that (I) (w		
		obove, (I) (we) (did) (did no	t) view the body ofter dea	th.		, account accounted on the	dore one m			ied	
1		226. SIGNATURE	11) (h.	100	DEGREE	MEDICAL ST	TAFF	220 DATE	SIGNED		
4		Much J-	payues	/			SICIAN	12/1	7/85		
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS						
		ALAN S.	CHANALE	R	19410 OLD	GEORGE	1041	V RO			
	23a. B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION					
	((SPECIF Cremation	3-20-1985	Lee's	Crematory	Wash	ingtor	n, D.C.	51	ATE	
		UNERAL DIRECTOR	1	1900 N 17	A 25e DA	TE REC'D. BY REGISTRA	AR 256 REGI	STRAR'S SIGNAT	Mendal	20	
	Hi	nes Rinaldi Fu	neral Home	1800 N.H.	Ave., M	AR 20 1985	1	A COUNT COOP	Martines	,	

DHMH - 16 50M 4/83 (VRA 15, 4)

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completely filled in by the 1 and 2 should be filed with

FOR - STATE

STATE OF MARYLAND

REG.	NO.

grang Davidson-Handalles

	-	REGISTRAR		CERTIFIC	AIL OI DEAT		REG. NO.		
7	I DE	CEASED NAME FIRST	MIDDLE	LAS		2a. D/	ATE OF DEATH MONTH	DAY YEAR	ZN HOURS
		HIPPE	a H.	1	char		larch &	14, 85	OF A M
	3 SEX	× 11	RACE	5. DATE OF		6 AG	E (IN YEARS LAST EMTHOAY)	MONTHS DAYS	HOURS MIN
		/V/ALE	WHITE	6	- 18	10	75 YRS		
1		PUNTRY	CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRI	ED DA	TIMORE CITA OR COUN	TY OF DEATH	N
6		ERMANY	GERMANY	VIDOWED	DIVORCE	0 0	Dontgon	nery	CO - MD.
7	10 01	ITY OR TOWN OF BEATH	NAME OF HOSPITAL NURS		OTHER INSTITUTE		SUAL OCCUPATION OF WORK FOR MOST OF WORKING		F BUSINESS OR
		ndy Spring It	riends /	451	29 HI	mo Res	sturanteer re	et Rest	urant
5	13 M	AL RESIDENCE IN HURSING TOME OR OTHER		WN // 11	HINSIDE CITY LIM		REET ADDRESS	250.05	PA!
1	(4. FA	ATHER'S NAME	1 10		MOTHER'S MAIL	DEN NAME	MIDDIA	1	
U	1	Herman	Zacha	rias		-DH	Fr	anke	
1		WAS DECEASED EVER IN U.S. ARMEI		URITY NO I	7 INFORMANT		ADDRESS		
	j	N/A N/		1-878	Fred Zac	charias.	-brother-(sa		
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8	1 624	1965 7	1000	Thomas	er FAILU	PETWEEN C	MATE NIERVAL
		(MMEDIATE C	0//	1	4.0	11			N
		Conditions, if any, which	DUE TO, OR AS	2790 K	ARY	To yo	USTA315	SWE	3 ,
		gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQ	UENCE OF	111	7	2	41) _
		underlying cause last	DUE TO, OR AS A CONSEQ	DENCE OF	45 C	- U L		IK	S
	NO	PART 2 OTHER SIGNIFICANT COM	ABETE	S DEATH BUT N	TELATED TO THE	TE TERMINAL P	ISEASE OR CONDITION O	C P PART 10	, D.
7	CERTIFICATION	190 DATE OF OPERATION	(% CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200	IN CERT	ES, WERE FINDIN	
	ERTI	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		DI. HOW IN HIRV			YES	NO []
4		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	III. NOW INJURY	OCCORRED (E	NTER NATURE OF INJURY IN ITEM 18	S, PARI 1 OR PARI 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	II LOCATION				
	ME	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET		CITY OF TOWN	COUNTY	STATE
		22a.1 certify that (this haspital)	uninded the destroyed from	91	24 19	84 10	3/24	1085	that (we) ast
		one the finiteosed onve on a	3/17/8 5	, and	that in my) (our)	opinion death o	occurred on the date and he		
		THE SIGNATURE	D C	DE	GREE	-		72L DATE	SIGNED/
		posseq q	_ Deliver	CO	ATTENI PHYSIC		CTOR PHYSICIAN	3/2	4/85
	13	221. PHYSICIAN'S NAME (TYPE OF PRI		15070	20 ADDRESS	1511	Man	01/2-	1
_			177 68		ULN	sey	1/00 2	0832	
	23a B			NAME OF CEA Gate of	Heaven	STORY 23d	idver Spring	Mont gome	ery stateMd.
	24 FU Hir	uneral Director nesy Rinaldi Funer	ral Home ADDRESS	0 N.H.			D. BY REGISTRAR 25b. REGO	STRAR'S SIGNATE	
			0.1		3.6.1	BAALI (I CO ACTIVITY	11	ACT ANY ALVIEW

Md.

Silver Spring,

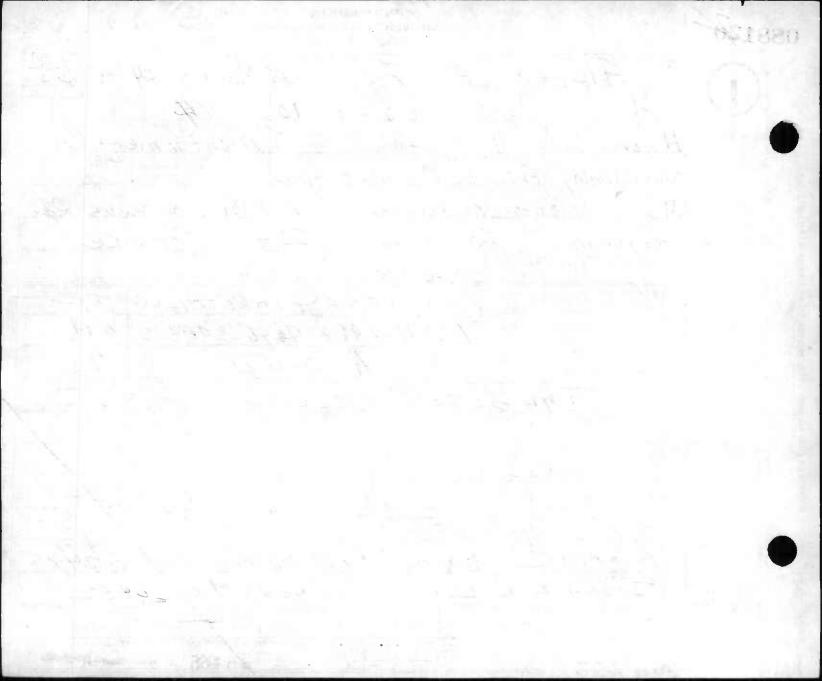
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transitie permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or I gon 18 shows



STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

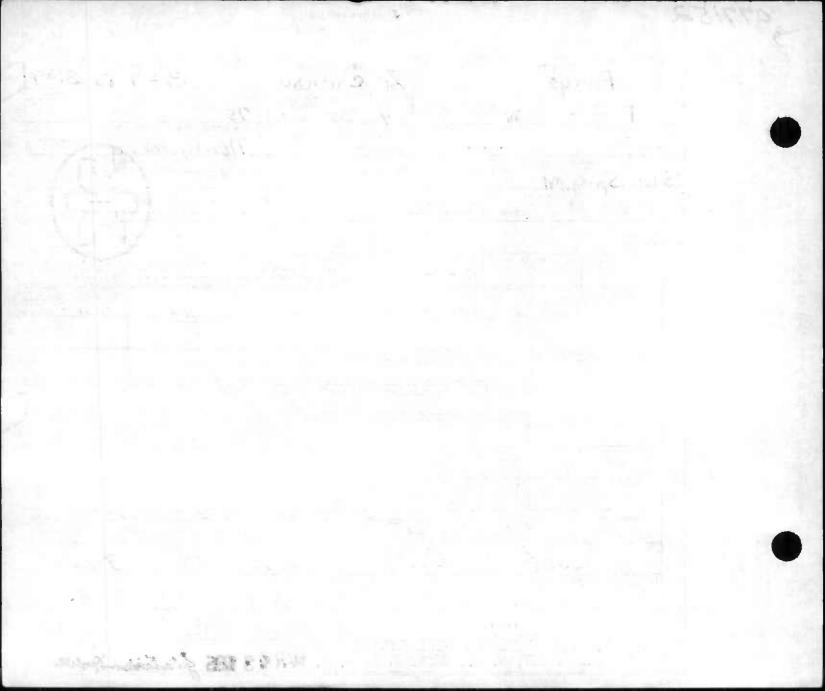
CERTIFICATE OF DEATH

			Code		3	U	84
	REG. N	10.					
\E	DEATH		DAY	VEAR	76	HOLID	

-		EASED NAME FOR	FANYA		AIDDLE	Ze	ZELICHENKO OHENKO	20. DATE OF DEATH	B7.	1985 S	3:30pm
1		E EMAI	LE	TV '	TTE WHAT COUNTRY? A.	8 MARRIE WIDOWE	DAY 19.0.9	9 BALTIMORE CITY	YRS		HOURS MIN.
8	5	ilver Sprin	9.00	HOLS	OSPITAL, NURSIN		AL	HOUWEWI	OEWORKING LIF		HOME
5		JARYLAND	BEORG	E'S	BELTSVIL	LE LE	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS			20705 20AD
1		/UDO"	=100	LE	KATZ LAST		RONYAST	WIDDIE	(UNAS	CERTATÑ	l'ABLE)
2	Tan X	DECEASED EVER	IN U.S. ARMED (IF YES, GIVE WA		216-92-4		RAYA ZELIC	HENKO, 193	TO CHE	RRY HIL	L ROAD
7	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), stoting underlying cause PART 2. OTHER SIGN THE DATE OF OPERAT	nediate g the last.	DUE TO, OI		ENCE OF	NOT RELATED TO THE TERM	VIN AL DISEASE OR CO	20b. IF YES	S, WERE FINDI	NGS USED
7	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING CO (# EITHER NOTIFY MEDIC 218. INJURY OCCURR WHITE NOTIFY HAT WORK NOTIFY HAT WORK 220.1 certify that (I) saw the decease above, (I) (we) (c) 278. SIGNATUP	AUSE OF OEATH AL EXAMINER) RED ULE (His haspital) And Australia (His haspital) And Australia (His haspital) And Australia (His haspital)	P.J. 21e. PLACE (LAT HOME STR attended the	M, MONTH D, M. OF INJURY REET FACTORY OFFICE F	ARM ETC)	211. LOCATION 211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS 6246 MONTO	CHYOR decented an the	date and hau	COUNTY	1
1 C	24 FE	BURIAL CREMATION, BURIAL DECMOR S	STEIN H	36. DATE 3/10/1 EBREW	1985 MO MEMORIAL	UNT L FUNE	EBANON CEMETE RAL HOME 250 DAT	23d LOCATION RY ADELPHI E REC'D. BY REGISTRA		CE GE'S, M TRAR'S SIGNA	IARY LAND TURE
	4	32°CARROLI	- SIKEE	, N.	W., WASH	INGTO	V, D. C. WAR	73 165 4	Hohan Des	man-no	ndalle -

DHMH - 16 60M 7/84

(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 ha with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayol.

IMPORTANT: If Hem 21 is marked or Item 8 shows any injury, or other traumatic event, the medical ex

1		
4		FOR
	1 -	STATE
		DECICEDAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1	- 1

REGISTRAR		CEITT	IIICAIL OI DEAIII	REG. N	O		
1. DECEASED NAME FIRST BESSIE	MID		EIG	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
				Man	ch 10	, 85	7:55 pm
3. SEX	4 RACE	MO	E OF BIRTH	6 AGE (IN YEARS LAST BIR	MONT	MOER I YEAR	HOURS MIN.
Female	White		rch 25, 1890	94	YRS		
OUNTRY)	76 CITIZEN OF WE	MARR	RIED NEVER MARRIED	9 BALTIMORE CITY C			
Lithuania	U.S.A.		Tay Carrier Ca	Montgome		nty,	MD
Bethesda	Suburb	ospital, nursing home acility, give street address) an Hospit.	e or other institution a 1	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker		126. KIND O INDUSTRY HOTT	of Business or
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COL Maryland Mon	INTY 13	ve residence before admission Br. CITY OR TOWN Rockville	13d. INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS 6121 Monta		d (20)852)
14 FATHER'S NAME FIRST Herman	MIDDLE	Bernstein	Mollie	WIDDLE		bl1in	
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST	SOCIAL SECURITY NO			Es Chase,		
NO		577-58-8441	Benson Zweig	;3101 Brook	clawn Te	rrace	;Chevy
	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSE (b) IMMEDIATE CAUSE (b)						
	DUE TO, OR A	AS A CONSEQUENCE OF	ng disease	NINAL DISEASE OR CON	IDITION GIVEN I	yea	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WI		
00.50.400.414.40	EATH HOUR A.M.					ORPARI 2)	
VITE ITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF (AT HOME STREET	INJURY FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	JWN	COUNTY	STATE
220.1 certify that (1) this has saw the deceased alive above (1) (we) Adid) (did	in March	10 19 75	ond that in (our) opinion	to March death occurred on the d	ate and haur and	XS d Irom the	that (II) (we) lost causes stated
22b. SIGNATURE				MEDICAL STA DIRECTOR PHYSIC	FF CIAN [22c DATE	SIGNED 10/85
226 PHYSICIAN'S NAME (TYPE			22e ADDRESS				
MARK S. RO	SEN, M.D).	3929 Ferrara	Drive; Whe	aton, M	aryla	nd 20906
230 BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION		MINITY	STATE
Burial	3/13/85	Adas I	srael Cemetery	Washingt	on, D.C	•	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

14 FUNERAL DIRECTOR DANZANSKY - GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

MAR 1 5 1985 Alia Davidson-Randos

